


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90186 016 ***150.00

DOCUMENT # P03000117447

1. Entity Name
AAA OF THE CARIBBEAN, INC.




Principal Place of Business Mailing Address

1515 N WESTSHORE BLVD **1515 N WESTSHORE BLVD**
TAMPA, FL 33603 **TAMPA, FL 33603**

DO NOT WRITE IN THIS SPACE

40080911



04042007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 51-0486481 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

O'BRIEN, THOMAS E
1515 N WESTSHORE BLVD
TAMPA, FL 33603

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P O'BRIEN, THOMAS E 1515 N. WESTSHORE BLVD. TAMPA, FL 33607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TOMLIN, JOHN A 1515 N. WESTSHORE BLVD. TAMPA, FL 33607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DIAZ, EDWARD 1515 N. WESTSHORE BLVD. TAMPA, FL 33607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MCKEE, ROBERT A 1515 N. WESTSHORE BLVD. TAMPA, FL 33607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS BAKEWELL, KEVIN W 1515 N WESTSHORE BLVD TAMPA, FL 33607 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Kevin W. Bakewell** 4/18/07 813-289-5057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #