

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # F97000001747

1. Entity Name
CARIBBEAN INTERLINER SERVICES N.V.



Principal Place of Business

4521 P.G.A. BLVD.
SUITE 255
PALM BEACH GARDENS, FL 33418

Mailing Address

4521 P.G.A. BLVD.
SUITE 255
PALM BEACH GARDENS, FL 33418



03192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0741403	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

HULSKER, WILHELM A
4521 P.G.A. BLVD. SUITE 255
PALM BEACH GARDENS, FL 33418

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000007882328
04/16/08-80037-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HUIZING, ARNOLD
STREET ADDRESS	PIETERMAAI 1-7, WILLEMSTAD-CURACAO
CITY-ST-ZIP	NEDERLANDSE ANTILLEN,

TITLE	P
NAME	HULSKER, WILHELM A
STREET ADDRESS	4521 P.G.A. BLVD. SUITE 255
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418

TITLE	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/08 561-799-6310
Date Daytime Phone #