


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # G22868 1. Entity Name SOUTHERN & CARIBBEAN AGENCIES, INC. |  |
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| Principal Place of Business 3611 N.W. SOUTH RIVER DR. MIAMI, FL 33142-6222 | Mailing Address P.O. BOX 14-3131 CORAL GABLES, FL 33114 US |
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03032006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2261332 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SAENZ, CARLOS A. 3611 NW SOUTH RIVER DR. MIAMI, FL 33142 |
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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, 2006 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 | PD SAENZ, C.A. P.O. BOX 14-3131 CORAL GABLES, FL 33114 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST SAENZ, HUGH J 3611 NW SOUTH RIVER DR. MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SAENZ, C. MICHAEL 3611 NORTHWEST SOUTH RIVER DRIVE MIAMI, FL 33142 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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03/21/06-80060-027 150.00

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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:  3/6/2006 (305) 633-8709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #