

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # G22868

1. Entity Name
SOUTHERN & CARIBBEAN AGENCIES, INC.



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**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2261332

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAENZ, CARLOS A.
3611 NW SOUTH RIVER DR.
MIAMI, FL 33142**

**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

U000000913599
05/08/08-80023-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SAENZ, CARLOS A P.O. BOX 14-3131 CORAL GABLES, FL 33114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAENZ, HUGH J 3611 NW SOUTH RIVER DR. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 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	

**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

Carlos A. Saenz 4/17/08 3056338709

Date

Daytime Phone #