


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # L16410
 1. Entity Name
CARIBE INFLATABLES, U.S.A., INC.



Principal Place of Business
25175 SW 142 AVENUE
HOMESTEAD, FL 33032 US

Mailing Address
25175 SW 142 AVENUE
SUITE 7
HOMESTEAD, FL 33032 US

DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0152865 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FOSSATI, DOMENICO
25175 SW 142 AVENUE
MIAMI, FL 33032

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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, 2008 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 FOSSATI, DOMENICO 25175 SW 142 AVE MIAMI, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FOSSATI, PAULETTE DOZIER 25175 SW 142 AVE MIAMI, FL 33032
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 01/23/08-80039-003 150.00

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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:  **DOMENICO FOSSATI, PRES,** 01/15/08 305 252 1290
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #