

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M76775 1. Entity Name CARIBBEAN TECHNICAL SALES, INC.																																										
Principal Place of Business 340 SEVILLA AVE CORAL GABLES, FL 33134-6615	Mailing Address 340 SEVILLA AVE CORAL GABLES, FL 33134-6615																																									
DO NOT WRITE IN THIS SPACE		 02242006 No Chg-P CR2E034 (11/05)																																								
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 62-1393449</td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 62-1393449	Applied For <input type="checkbox"/> Not Applicable	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 LOSA, CARLOS A. CEBALLOS 340 SEVILLA AVE. CORAL GABLES, FL 33134		DO NOT WRITE IN THIS SPACE																																								
<small>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.</small>																																										
<small>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></small>																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td>D</td></tr><tr><td>NAME</td><td>LOSA, CARLOS A CEBALLOS</td></tr><tr><td>STREET ADDRESS</td><td>CALLE 16 NO.186, COLONIA</td></tr><tr><td>CITY - ST - ZIP</td><td>MERIDA, YUCATAN, MEXIC,</td></tr><tr><td>TITLE</td><td>DT</td></tr><tr><td>NAME</td><td>ARANA, ENNA</td></tr><tr><td>STREET ADDRESS</td><td>3931 N. COUNTRY CLUB DR., UNIT 1425</td></tr><tr><td>CITY - ST - ZIP</td><td>AVENTURA, FL 33180</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	D	NAME	LOSA, CARLOS A CEBALLOS	STREET ADDRESS	CALLE 16 NO.186, COLONIA	CITY - ST - ZIP	MERIDA, YUCATAN, MEXIC,	TITLE	DT	NAME	ARANA, ENNA	STREET ADDRESS	3931 N. COUNTRY CLUB DR., UNIT 1425	CITY - ST - ZIP	AVENTURA, FL 33180	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<div style="text-align: right; margin-bottom: 20px;">1000000448797 03/03/06-80023-024 150.00</div> <div style="text-align: center; height: 150px;">DO NOT WRITE IN THIS SPACE</div>
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<small>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.</small>																																										
SIGNATURE: CARLOS A. CEBALLOS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/23/06 <small>Date Daytime Phone #</small>																																								