


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000032136**

1. Entity Name  
**CARI WATERSPORTS, INC.**



Principal Place of Business      Mailing Address

15140 SW 104 ST      15140 SW 104 ST  
 313      313  
 MIAMI, FL 33196      MIAMI, FL 33196

**DO NOT WRITE IN THIS SPACE**



03062006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 04-3627990      Not Applicable

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

6. Name and Address of Current Registered Agent

**KRAUS, C. FRED**  
 15140 SW 104 ST  
 APT 313  
 MIAMI, FL 33196

**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 *C. Fred Kraus*      DATE **3/24/06**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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

000000481388  
 04/11/06-00031-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	KRAUS, C. FRED
STREET ADDRESS	15140 SW 104 ST APT 313
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	VD
NAME	KRAUS, BARBARA D
STREET ADDRESS	15140 SW 104 ST APT 313
CITY-ST-ZIP	MIAMI, FL 33196
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 507, 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: **C. FRED KRAUS** *C. Fred Kraus*      DATE **3/24/06**      305-863-4916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #