2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 07, 2007 08:00 AM Secretary of State DOCUMENT # P02000102926 CARÍBBEAN BREEZE REPAIR SERVICES, INC. Principal Place of Business Mailing Address 4735 NORTHWEST 169TH STREET 20022 NW 79 PLACE MIAMI, FL 33055 HIALEAH, FL 33015 CR2E034 (11/05) 03042007 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0484999 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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 δ applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RODRIGUEZ, RAFAEL A 4735 NORTHWEST 169TH STREET STREET ADDRESS U00000657656 CITY-ST-ZIP MIAMI, FL 33055 03/15/07~80006-008 150.00 TITLE NAME STREET ADORESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS City-St-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filting 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

TITLE NAME STREET ADDRESS

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3/5/07

186-277-2044

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Daytime Phone #