

2006 FORT PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000065947

1. Entity Name
CARIBBEAN REFACING, INC.



FILED
Apr 14, 2006 08:00 AM
Secretary of State

Principal Place of Business
237 SW 21ST ST.
FT. LAUDERDALE, FL 33315

Mailing Address
237 SW 21ST ST.
FT. LAUDERDALE, FL 33315



01042006 No Chg-P CR2E034 (11/05)

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4. FEI Number
73-1671364

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PADRON, EMIGDIO
237 SW 21ST ST.
FT. LAUDERDALE, FL 33315

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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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000509224
04/28/06-80037-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PADRON, EMIGDIO
STREET ADDRESS	237 SW 21ST ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Emidio Padron*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

Date

(954) 675-2787

Daytime Phone #