

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-12-2006 90098 049 ***150.00

DOCUMENT # P05000003369 1. Entity Name CARIBBEAN DEALER SERVICES, INC.																							
Principal Place of Business 2705 VIA MURANO APT. 134 CLEARWATER, FL 33764			Mailing Address 2705 VIA MURANO APT. 134 CLEARWATER, FL 33764																				
2. Principal Place of Business 18860 US HWY 19 N		3. Mailing Address 18860 US HWY 19 N																					
Suite, Apt. #, etc. # 125		Suite, Apt. #, etc. # 125																					
City & State CLEARWATER FL		City & State CLEARWATER FL		4. FEI Number 20-2120181																			
Zip 33764		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent DE BALANDA, AXEL B 2705 VIA MURANO APT. 134 CLEARWATER, FL 33764			7. Name and Address of New Registered Agent Name DE BALANDA, AXEL B. Street Address (P.O. Box Number is Not Acceptable) 2725 VIA CIPRIANI # 732A City CLEARWATER FL Zip Code 33764																				
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: <u><i>de Balanda</i></u> DATE: 04/10/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reappointing)																							
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																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>DE BALANDA, AXEL B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2705 VIA MURANO APT. 134 CLEARWATER, FL 33764</td> <td></td> </tr> </table>			TITLE	NAME	☐ Delete	STREET ADDRESS	DE BALANDA, AXEL B		CITY-ST-ZIP	2705 VIA MURANO APT. 134 CLEARWATER, FL 33764		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2725 VIA CIPRIANI # 732A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	☒ Change ☐ Addition	STREET ADDRESS	2725 VIA CIPRIANI # 732A		CITY-ST-ZIP		
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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: <u><i>de Balanda</i></u> DATE: 04/21/06 04/10/06 DAYTIME PHONE: 727-524-8519 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																							

President
Axel de Balanda