


2007 FOR PROFIT CORPORATION ANNUAL REPORT

07-02-2007 90037 018 ***150.00
SECRETARY P05000007396
DIVISION OF CORPORATIONS

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DOCUMENT # P05000007396					
1. Entity Name CARIBBEAN PAINTING ENTERPRISES, INC.					
Principal Place of Business 6412 N. CAMERON AVENUE TAMPA, FL 33614 US			Mailing Address 6412 N. CAMERON AVENUE TAMPA, FL 33614 US		
2. Principal Place of Business - No P.O. Box # 6412 N. CAMERON AV		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA FL		City & State		4. FEI Number 20-2041008	
Zip 33614		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTIAGO, RAFAEL 6412 N. CAMERON AVENUE TAMPA, FL 33614			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 TONY CASTILLO DATE 6/26/07 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES SANTIAGO, RAFAEL 6412 N. CAMERON AVENUE TAMPA, FL 33614 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: RAFAEL SANTIAGO 6/26/07 813-951-7582 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					