2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 08:00 Al Secretary of State

| ANNUAL REPORT | | | | | Apr 11, 2008 08: | | |
|--|--|---|-------------------------|---|--|--|--|
| DOCU | MENT # P050000926 | | <u>,</u> | Se | ecretary of Si | | |
| OTERO CARIBBEAN ENTERPRISES CORP. | | | | | | | |
| Principal Place 1571 CHERI KISSIMMEE, | | Mailing Address 1571 CHERI CT. KISSIMMEE, FL 34744 US | | | | | |
| MISSIMILE, | | MOSIMMICE, IE 34744 US | | | | | |
| , | 6 | | | | | 1 16/10 1/010 B//II 60/16/ 6/1106/ 1/ 106 [†] | |
| DO NOT WRITE IN THIS SPACE | | | CE | 04042008 | · · · · · · · · · · · · · · · · · · · | R2E034 (11/05) | |
| | O NO! WINIE | iii iiiio oi A | | 4. FEI Numb | | Applied For Not Applicable | |
| | a Carly | | | | e of Status Desired | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current Reg | istered Agent | | , | * | a trade a | |
| OTERO, CESAR J 1571 CHERI CT. | | | | DO | NOT WR | ITE | |
| KISSIMMEE, FL 34744 | | | | · · IN· | THIS SPA | CE | |
| | | | ٠, | | | 3 | |
| 8. The above named entity submits his 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, typegrar plunted name of registered agent and t | Us toopkrable (NOTE Becklered | d Ageni signature requi | vari when romelalion) | 4 | 1/05/08 | |
| | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | Election Campaign Finar Trust Fund Contribution. | | 5.00 May Be dded to Fees | 0000008 | 31190 | |
| 10. | OFFICERS AND DIR | ECTORS | _ | ٠.,٠ | Unicasi da e | 00015-004:150:00 | |
| NAME STREET ADDRESS | OTERO, CESAR J 1571 CHERI CT. | | | 1. | | | |
| CITY-SI-ZIP | KISSIMMEE, FL 34744 | |] | | a far a fad | give a series of the state of | |
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| TITLE NAME | | | | : . | mai ng awalish Ng a sa ng a sa ng Ng a sa ng asang | | |
| STREET ADDRESS CITY-ST-ZIP | | | , | DO | NOT WR | ME COLUMN | |
| TITLE NAME | | | 1 | | THIS SPA | | |
| STREET ADDRESS | | | | * | | | |
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| NAME STREET ADDRESS | | | | | 1 | | |
| CITY-ST-ZIP | | | [| , | | Car Mill | |
| NAME | | | | · | | | |

12. I hereby certify that the information supplied with this filips 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 trule 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 higher like empowered.

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/05/06 HD-744-2