

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000115387

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: CARIBBEAN SANITATION SOLUTIONS INC

**Current Principal Place of Business:**

11040 PALM RIDGE LANE  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 26533  
TAMARAC, FL 33320

**New Mailing Address:**

FEI Number: 20-3288383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEISELES, PATRICIA  
11040 PALM RIDGE LANE  
TAMARAC, FL 33321 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MEISELES, PATRICIA  
Address: 11040 PALM RIDGE LANE  
City-St-Zip: TAMARAC, FL 33321

Title: V ( ) Delete  
Name: MEISELES, ELIOT  
Address: 11040 PALM RIDGE LANE  
City-St-Zip: TAMARAC, FL 33321

Title: S/T ( ) Delete  
Name: SANTINI, SCOTT  
Address: 11040 PALM RIDGE LANE  
City-St-Zip: TAMARAC, FL 33321

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MEISELES

PRES

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date