## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

)OSEMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 70 M

## **Secretary of State** DOCUMENT # P07000017188 03-04-2008 90014 029 \*\*\*158.75 CARIBBEAN CONSULTING CORP. Principal Place of Business Mailing Address AVE RIO HONDO #90 2832 B. STONEWAY LANE FT. PIERCE, FL 34982 US PMB-106 BAYAMON, PR 00961 OC. 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 20 8402284 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOSEMAN, TOM Street Address (P.O. Box Number is Not Acceptable) 2832 B STONEWAY LANE FT. PIERCE, FL 34982 City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete **PSTD** ☐ Change ☐ Addition TITLE TITLE NAME SOSEMAN, TOM NAME STREET ADDRESS AVE RIO HONDO #90 PMB-106 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BAYAMON, PR 00961 VP D ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME GARCIA, ROSA NAME 2832 B STONEWAY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. PIERCE, FL 34982 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

Mar 04, 2008 8:00 am