

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90157 021 ***150.00

DOCUMENT # P07000059965

1. Entity Name

CARIBBEAN DREAM RELAXER INC



Principal Place of Business

1007 E LAS OLAS BLVD
FORT LAUDERDALE FL 33309

Mailing Address

1007 E LAS OLAS BLVD
FORT LAUDERDALE FL 33309

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **660545974**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIGGS, JESSE L
10502 KERSTREL STREET
PLANTATION FL 33324

Name

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

(Signature, typed or printed name of registered agent and title, if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

4-16-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BRIGGS, JESSE L	
STREET ADDRESS	10502 KESTREL STREET	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	BRIGGS, BLANCA F	
STREET ADDRESS	10502 KRESTREL STREET	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PEREZ, JOHN	
STREET ADDRESS	CARR #3 KM 78.2 PALMA REAL SHOPPING CNTER	
CITY-ST-ZIP	HUMACAO PR 00791	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jesse L. Briggs

4-16-08