

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000059965

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Entity Name:** CARIBBEAN DREAM RELAXER INC

**Current Principal Place of Business:**

1007 E LAS OLAS BLVD  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

1007 E LAS OLAS BLVD  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 66-0545974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRIGGS, JESSE L  
10502 KERSTREL STREET  
PLANTATION, FL 33324 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:** JESSE BRIGGS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BRIGGS, JESSE L  
**Address:** 10502 KESTREL STREET  
**City-St-Zip:** PLANTATION, FL 33324

**Title:** TRES  
**Name:** BRIGGS, BLANCA F  
**Address:** 10502 KRESTREL STREET  
**City-St-Zip:** PLANTATION, FL 33324

**Title:** VP  
**Name:** PEREZ, JOHN  
**Address:** CARR #3 KM 78.2 PALMA REAL SHOPPING CINTER  
**City-St-Zip:** HUMACAO, PR 00791

I hereby 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 all other like empowered.

**SIGNATURE:** JESSE BRIGGS

P

05/04/2010

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

\_\_\_\_\_  
Date