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Feb 29, 2008 8:00 am
Secretary of State
01-29-2008 90018 010 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000016763

1. Entity Name
CARIBBEAN INTERNATIONAL TRANSPORTATION AND CONSOLIDATION COMPANY, INC.

Principal Place of Business	Mailing Address
5440 W. 5TH STREET JACKSONVILLE, FL 32254	5440 W. 5TH STREET JACKSONVILLE, FL 32254

66001837

01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3197250
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPHERD, FOSTER H.
2824 ALGONQUIN AVE
JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

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: Foster H Shepherd NO Changes
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHEPHERD, FOSTER H.,
STREET ADDRESS	2824 ALGONQUIN AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	DC
NAME	ZELL, HAROLD
STREET ADDRESS	101 WORTHING ROAD
CITY-ST-ZIP	SAINT SIMONS ISLAND, GA 31522
TITLE	ST
NAME	ZELL, ROYALD
STREET ADDRESS	2225 CLIMBING IVY DRIVE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	D
NAME	ZELL, DONALD
STREET ADDRESS	8604 SAN SERVERA DR W
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: Foster H Shepherd 1-23-08 904 786-7661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/27/08