
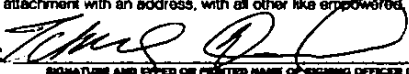


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 19, 2008 8:00 am
Secretary of State**

06-02-2008 90008 008 ***150.00

DOCUMENT # P93000074316 1. Entity Name CARIDO CORPORATION		
Principal Place of Business 905 TOWNE CENTER BLVD. KISSIMMEE, FL 32759 US	Mailing Address 905 TOWNE CENTER BLVD. KISSIMMEE, FL 32759 US	
<p>DO NOT WRITE IN THIS SPACE</p>		
6. Name and Address of Current Registered Agent DAVIES, IDRIS 4803 ELBERT PLACE KISSIMMEE, FL 34758		<p>DO NOT WRITE IN THIS SPACE</p>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D DAVIES, IDRIS 4803 ELBERT PLACE KISSIMMEE, FL 34758	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D DAVIES, CAROLYN 4803 ELBERT PLACE KISSIMMEE, FL 34758	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p>DO NOT WRITE IN THIS SPACE</p>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 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: 		6-16-08 4079334822
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3212216	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	