


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006 8:00 am
Secretary of State

04-27-2006 90158 040 ***150.00

DOCUMENT # P99000108094	
1. Entity Name CARIBBEAN DIMENSION INC.	

Principal Place of Business 237 SW 21ST ST. FT. LAUDERDALE, FL 33315 V17 NE 33 ST FORT LAUD FL 33334	Mailing Address 237 SW 21ST ST. FT. LAUDERDALE, FL 33315 V17 NE 33 ST FORT LAUD FL 33334
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66017138



05192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0968607	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SANCHEZ, ENRIQUE
217 NE 33 STREET
OAKLAND PARK, FL 33334**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEVILLA, IVAN 217 N.E. 33 ST. OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, ENRIQUE 217 N.E. 33 ST. OAKLAND PARK, FL 33334
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**DO NOT WRITE
IN THIS SPACE**

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: *Enrique Sanchez* **ENRIQUE SANCHEZ**

5-20-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #