

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000108094 1. Entity Name CARIBBEAN DIMENSION INC.					
Principal Place of Business 217 NE 33RD ST FORT LAUDERDALE, FL 33334			Mailing Address 217 NE 33RD ST FORT LAUDERDALE, FL 33334		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 65-0968607	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, ENRIQUE 217 NE 33 STREET OAKLAND PARK, FL 33334				7. Name and Address of New Registered Agent Name SEVILLA, IVAN Street Address (P.O. Box Number is Not Acceptable) 217 NE 33 Street. City OAKLAND PARK FL Zip Code 33334	
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.</small>				DATE 06/23/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEVILLA, IVAN 217 N.E. 33 ST. OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IVAN SEVILLA 217 NE 33 ST OAKLAND PARK FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, ENRIQUE 217 N.E. 33 ST. OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IVAN SEVILLA 217 NE 33 ST. OAKLAND PARK FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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, without other like empowered.			SIGNATURE <small>SIGNATURE AND-PRINTER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
SIGNATURE:			DATE 06/23/06 786 246 7899 <small>Date Daytime Phone #</small>		

FILED

06 JUN 26 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06212006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0968607

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

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

Name **SEVILLA, IVAN**
Street Address (P.O. Box Number is Not Acceptable)
217 NE 33 Street.
City **OAKLAND PARK** **FL** Zip Code **33334**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

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OAKLAND PARK, FL 33334

☒ Delete

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07/06/06--01044--005 **\$1.25

☐ Change ☐ Addition

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☐ Delete

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06/29

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND-PRINTER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #