

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000003707

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**Entity Name:** 2848 CARIBBEAN ISLE, INC.

**Current Principal Place of Business:**

1231-B STATE STREET  
SANTA BARBARA, CA 93101

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 672647  
C/O DEL DEVELOPMENT CORP  
MARIETTA, GA 30006

**New Mailing Address:**

PO BOX 672647  
C/O DEL DEVELOPMENT CORP  
MARIETTA, GA 30006 00

**FEI Number:** 77-0547228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: KNELL, JAMES P  
Address: 1231-B STATE STREET  
City-St-Zip: SANTA BARBARA, CA 93101

Title: CD  
Name: KNELL, JAMES P  
Address: 1231-B STATE STREET  
City-St-Zip: SANTA BARBARA, CA 93101

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: DONALD LIPPMAN

AGEN

03/29/2012

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

\_\_\_\_\_ Date