2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010656

FILED Sep 21, 2010 Secretary of State

Entity Name: CARIBBEAN HERITAGE FOUNDATION INC.

Current Principal Place of Business: New Principal Place of Business:

5366 MEADOWS EDGE DRIVE LAKE WORTH, FL 33463

Current Mailing Address: New Mailing Address:

5366 MEADOWS EDGE DRIVE LAKE WORTH, FL 33463

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

EWALD, STEVENS 5366 MEADOWS EDGE DR. LAKE WORTH, FL 33463 US

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:

Γitle: I

Name: BENOIT, HARIETTE

Address: 5366 MEADOWS EDGE DRIVE City-St-Zip: LAKE WORTH, FL 33463

Title: VP

Name: EWALD, STEVENS

Address: 5366 MEADOWS EDGE DRIVE City-St-Zip: LAKE WORTH, FL 33463

Title: DIR

Name: MICHEL, BENGI

Address: 5366 MEADOWS EDGE DRIVE City-St-Zip: LAKE WORTH, FL 33463

Title:

Name: TRICIA, HAMILTON

Address: 5366 MEADOWS EDGE DRIVE City-St-Zip: LAKE WORTH, FL 33463

Title:

 Name:
 BEVERLIE, HYACINTHE

 Address:
 5366 MEADOWS EDGE DRIVE

 City-St-Zip:
 LAKE WORTH, FL 33463

Title: DIR

Name: EWALD, STEVENS

Address: 5366 MEADOWS EDGE DRIVE City-St-Zip: LAKE WORTH, FL 33463

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVENS EWALD VP 09/21/2010