


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000004608 1. Entity Name THE CARIBBEAN AMERICAN CLUB, INC.	
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Principal Place of Business 6211 S MARTINDALE AVEUE TAMPA FL 33611	Mailing Address P.O. BOX 320032 TAMPA FL 33679
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3466877	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAYLOR, MARY L PREVATT ENGLAND & TAYLOR 201 N FRANKLIN SUITE 2505 TAMPA FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete HAYLOCK, JORGE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000725184 05/03/07-80012-007 70.00
STREET ADDRESS	5521 PENTAIL CR	NAME	
CITY-STATE-ZIP	TAMPA FL 33625	STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33625	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete TATUM, JUNE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATUM, JUNE	NAME	
STREET ADDRESS	3116 PRICE AVE	STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33611	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete GRIFFITH, SADIE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, SADIE	NAME	
STREET ADDRESS	3211 SAN JUAN ST	STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33629	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete BROWN, MARLENE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARLENE	NAME	
STREET ADDRESS	3909 TREASURE CIRCLE	STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33616	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete MOORE, TAMMY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, TAMMY	NAME	
STREET ADDRESS	3908 N RIDGE AVE	STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33603	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete CAWLEY, JACQUELINE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAWLEY, JACQUELINE	NAME	
STREET ADDRESS	2815 MARLIN AVE	STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33611	CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: June Tatum - JUNE TATUM Date: 4/18/07 837-9823