## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L30384

Entity Name: CARIBBEAN CANADIAN U.S.A., INC.

VICTORIN, MARGARET

2320 NW 102ND PLACE

MIAMI, FL 33172

Name:

Address:

City-St-Zip:

FILED Apr 25, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
2320 N.W. 102ND PLACE C/O ANCIL M. MARAJ MIAMI, FL 33172 US				2320 N.W. 102ND PLACE C/O PASCALE JACQUES MIAMI, FL 33172 US	
Current M	ailing Addres	s:	New Mailing Addre	New Mailing Address:	
2320 N.W. 102ND PLACE C/O ANCIL M. MARAJ MIAMI, FL 33172 US			C/O PASCALE JAC	2320 N.W. 102ND PLACE C/O PASCALE JACQUES MIAMI, FL 33172 US	
FEI Number:	65-0162417	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
CHARCHAT, STEVEN M P.A 848 BRICKELL AVE SUITE #1040 MIAMI, FL 33131 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,					
in the State					
SIGNATUF		ic Signature of Registered Age	nt	 Date	
Election Can		rrust Fund Contribution ( ).	iii.	Date	
OFFICERS	AND DIREC	rors:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () ACRA, MAURIC 2320 N.W. 1021 MIAMI, FL	·	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () ALEXIS, MONA 2320 N.W. 1021 MIAMI, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () PAPILLON, CHF 2320 N.W. 1021 MIAMI, FL 331	ND PLACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	s ()	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MAURICE ACRA P 04/25/2007