

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000000065

**Entity Name:** CARIBBEAN UNIVERSITIES DEVELOPMENT FOUNDATION INC.

**Current Principal Place of Business:**

4111 SW 47TH AVE  
C/O CHOICE AIRWAYS, INC. STE 323  
DAVIE, FL 33314

**Current Mailing Address:**

CHARLES GIAMMONA (CAP)  
4111 SW 47TH AVE C/O CHOICE AIRWAYS, INC. STE 323  
DAVIE, FL 33314 US

**FEI Number:** 39-2078894

**Certificate of Status Desired:** No

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

SUPERBIZ REGISTERED AGENT, INC.  
2761 VISTA PARKWAY  
SUITE E4  
WEST PALM BEACH, FL 33411 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

**Officer/Director Detail :**

Title PD  
Name TOUSSAINT, CARMEL  
Address 4111 SW 47TH AVE  
C/O CHOICE AIRWAYS, INC. STE 323  
City-State-Zip: DAVIE FL 33314

Title SD  
Name PAUL, EBED PASTOR  
Address 4111 SW 47TH AVE  
C/O CHOICE AIRWAYS, INC. STE 323  
City-State-Zip: DAVIE FL 33314

Title TD  
Name GRAYER, CHARLES  
Address 4111 SW 47TH AVE  
C/O CHOICE AIRWAYS, INC. STE 323  
City-State-Zip: DAVIE FL 33314

Title D  
Name GIAMMONA, CHARLES DR.  
Address 4111 SW 47TH AVE  
C/O CHOICE AIRWAYS, INC. STE 323  
City-State-Zip: DAVIE FL 33314

*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:** GIAMMONA, CHARLES DR.

D

03/19/2013

Electronic Signature of Signing Officer/Director Detail

Date