

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000003526

**Entity Name:** THE HERZFELD CARIBBEAN BASIN FUND, INC.

**FILED**  
**Feb 14, 2013**  
**Secretary of State**  
**CC9351220193**

**Current Principal Place of Business:**

119 WASHINGTON AVE  
SUITE 504  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

119 WASHINGTON AVE  
SUITE 504  
MIAMI BEACH, FL 33139 US

**FEI Number: 65-0396889**

**Certificate of Status Desired: No**

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

HERZFELD, THOMAS J  
119 WASHINGTON AVE  
SUITE 504  
MIAMI BEACH, FL 33139 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 CP  
Name HERZFELD, THOMAS J  
Address 119 WASHINGTON AVE  
SUITE 504  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name LIEFF, ANN  
Address 119 WASHINGTON AVE  
SUITE 504  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name RUBIN, MICHAEL  
Address 119 WASHINGTON AVE  
SUITE 504  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name TATUM, KAY  
Address 119 WASHINGTON AVE  
SUITE 504  
City-State-Zip: MIAMI BEACH FL 33139

Title D  
Name GELETY, JOHN  
Address 119 WASHINGTON AVE  
SUITE 504  
City-State-Zip: MIAMI BEACH FL 33139

*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: THOMAS J. HERZFELD**

**CP**

**02/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date