

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729842

FILED
Feb 09, 2009
Secretary of State

Entity Name: CARIBBEAN REVIEW, INCORPORATED

Current Principal Place of Business:

9700 SW 67TH AVENUE
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9700 SW 67TH AVENUE
MIAMI, FL 33156

New Mailing Address:

FEI Number: 23-7384350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEVINE, BARRY B.
9700 SW 67TH AVENUE
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: LEVINE, BARRY B.
Address: 9700 SW 67TH AVENUE
City-St-Zip: MIAMI, FL 331563272

Title: SD () Delete
Name: BLOOM, KENNETH M.
Address: 1110 BRICKEL AVE 7TH FL
City-St-Zip: MIAMI, FL 331313107

Title: VD () Delete
Name: LEVINE, ROSARIO A
Address: 9700 SW 67TH AVE
City-St-Zip: MIAMI, FL 331563272

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: BARRY B. LEVINE

P/D

02/09/2009

Electronic Signature of Signing Officer or Director

Date