

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729842

**FILED**  
**Jan 18, 2011**  
**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  
**Name:** LEVINE, BARRY B  
**Address:** 9700 SW 67TH AVENUE  
**City-St-Zip:** MIAMI, FL 331563272

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

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

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:** DR. BARRY B. LEVINE

PD

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date