

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000300

FILED
Jan 12, 2006
Secretary of State

Entity Name: CARIBBEAN CENTER S.A. (CORP).

Current Principal Place of Business:

9425 SW SUNSET DR, STE 249
MIAMI, FL 33173

New Principal Place of Business:

9425 SW SUNSET DR
STE 249
MIAMI, FL 33173

Current Mailing Address:

9425 SW SUNSET DR, STE 249
MIAMI, FL 33173

New Mailing Address:

9425 SW SUNSET DR
STE 249
MIAMI, FL 33173

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIERICKX, RASCAL
9425 SW SUNSET DR, STE 249
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

DIERICKX, PASCAL
9425 SW SUNSET DR
STE 249
MIAMI, FL 33173 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: PASCAL DIERICKX

01/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: JULES PIERRE DIERICK, X SR
Address: DELMASGO RUE COUTILIEU INPASSE
City-St-Zip: PORT-AU-PRINCE HAITI,

Title: VCV () Delete
Name: PASCAL DIERICKX,
Address: 8 TURTLE WALK KEY BISCAYNE
City-St-Zip: MIAMI, FL 33149

Title: DS () Delete
Name: JULES PIERRE DIERICK, X JR
Address: 9615 SW 118 ST
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: DIERICKX SR, JULES PIERRE
Address: DELMAS 60, RUE COUTILIEU INPASSE FLEURY #4
City-St-Zip: PORT-AU-PRINCE HAITI, -- 00000

Title: VCV (X) Change () Addition
Name: DIERICKX, PASCAL
Address: 8 TURTLE WALK KEY BISCAYNE
City-St-Zip: MIAMI, FL 33149

Title: DS (X) Change () Addition
Name: DIERICKX JR, JULES PIERRE
Address: 9615 SW 118 ST
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: PASCAL DIERICKX

VCVP

01/12/2006

Electronic Signature of Signing Officer or Director

Date