

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000300

FILED
May 08, 2009
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:

Current Mailing Address:

9425 SW SUNSET DR
STE 249
MIAMI, FL 33173

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: DIERICKX, JULES PIERRE
Address: DELMAS 60, RUE COUTILLEN INPASSE FLEURY #4
City-St-Zip: PORT-AU-PRINCE HAITI, -- 00000

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

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

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

SIGNATURE: ALEX VALME

_____ Electronic Signature of Signing Officer or Director

MR.

05/08/2009

_____ Date