2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000300

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

FILED May 08, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	SUNSET DR			
STE 249 MIAMI, FL	. 33173			
·	Mailing Address:	New Mailing Addres	s:	
	_	J		
STE 249	SUNSET DR			
MIAMI, FL	. 33173			
FEI Numbe	r: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address of	of New Registered Agent:	
9425 SW STE 249	K, PASCAL SUNSET DR . 33173 US			
	e named entity submits this statement for the place of Florida.	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CP () Delete DIERICKX, JULES PIERRE DELMAS 60, RUE COUTILIEN INPASSE FLEURY # PORT-AU-PRINCE HAITI, 00000	Title: Name: ł4 Address: City-St-Zip:	() Change () Addition	
	VCVP () Delete	Title: Name:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIERICKX, PASCAL 8 TURTLE WALK KEY BISCAYNE MIAMI, FL 33149	Address: City-St-Zip:	() change () haman	

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 MR. 05/08/2009