

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000300

FILED  
Apr 10, 2012  
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

**OFFICERS AND DIRECTORS:**

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

**Title:** VCP  
**Name:** DIERICKX, PASCAL  
**Address:** 8 TURTLE WALK KEY BISCAYNE  
**City-St-Zip:** MIAMI, FL 33149

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

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

SIGNATURE: PASCAL DIERICKX

V-P

04/10/2012

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

\_\_\_\_\_  
Date