

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006979

FILED
May 29, 2009
Secretary of State

Entity Name: CARIBBEAN FOUNDATION FOR BIO-CARE INCORPORATED

Current Principal Place of Business:

OCEAN VILLAGE SHOPPING CENTER
SHOP #54
OCHO RIOS, ST. ANN., SA JAMAICA WI

New Principal Place of Business:

Current Mailing Address:

2040 16 AVENUE S.W.
NAPLES, FL 34117 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BEDASEE, OWEN
2040 16 AVENUE S.W.
NAPLES, FL 34117 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: C () Delete
Name: BEDASEE, OWEN
Address: 2040 16 AVENUE SW
City-St-Zip: NAPLES, FL 34117 US

Title: S () Delete
Name: BEDASEE, SANDIE
Address: 18925 NW 63RD COURT CIR.
City-St-Zip: MIAMI, FL 34117

Title: T () Delete
Name: JACOBS, REUBEN
Address: 2759 NW 47TH TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BEDASEE, SANDIE
Address: 2040 16 AVENUE SW
City-St-Zip: NAPLES, FL 34117

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

SIGNATURE: OWEN BEDASEE

C

05/29/2009

Electronic Signature of Signing Officer or Director

_____ Date