

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006979

FILED  
Apr 25, 2010  
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 ( )**

**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  
Name: BEDASEE, OWEN  
Address: 2040 16 AVENUE SW  
City-St-Zip: NAPLES, FL 34117 US

Title: S  
Name: BEDASEE, SANDIE  
Address: 2040 16 AVENUE SW  
City-St-Zip: NAPLES, FL 34117

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

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

SIGNATURE: OWEN BEDASEE

C

04/25/2010

Electronic Signature of Signing Officer or Director

Date