

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06322

Entity Name: KANE CARIBBEAN, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

BO. CANDELARIA
CARR #2 K.M. 17.0
TOA BAJA, PR 00949

New Principal Place of Business:

Current Mailing Address:

PO BOX 366307
SAN JUAN, PR 00936

New Mailing Address:

FEI Number: 66-0386477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, WANDA
3040 STILLWATER DR.
KISSIMMEE, FL 34744 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: PD () Delete
Name: FELICIANO BENITEZ, PEDRO A
Address: PR-937 KM.3.0
City-St-Zip: LAS PIEDRAS, PR 00771

Title: TD () Delete
Name: TOLEDO TABALES, LUIS M
Address: QUINTAS DEL VALLE VERDE #3
City-St-Zip: JUNCOS, PR 00777

Title: ASTD () Delete
Name: GONZALEZ CRESPO, JORGE L
Address: SECTOR FINCA BONITA BO. VALENCIANO
City-St-Zip: JUNCOS, PR 00777

Title: SSD () Delete
Name: ROMAN MELENDEZ, INEABELLE
Address: URB. MANSIONES DEL CARIBE #129
City-St-Zip: HUMACAO, PR 00791

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:

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: PEDRO A. FELICIANO BENITEZ

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date