

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002370

Entity Name: CARIBEVISION HOLDINGS, INC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1401 BRICKELL AVE., SUITE 500
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1401 BRICKELL AVE., SUITE 500
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-5885956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELIPE, MARCELL
1401 BRICKELL AVE., SUITE 500
MIAMI, FL 33131 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: VCP () Delete
Name: BARBA, CARLOS
Address: 260 CRANDON BLVD., SUITE 32 #97
City-St-Zip: KEY BISCAVNE, FL 33149

Title: C () Delete
Name: BURILLO, ALEJANDRO
Address: PASEO DE LOS TAMARINDOS 400, PISO 32
City-St-Zip: C.P. 05120, MEXICO D.F.,

Title: VST () Delete
Name: DE LA CAMPA, ENRIQUE
Address: PASEO DE LOS TAMARINDOS 400, PISO 32
City-St-Zip: C.P. 05120, MEXICO D.F.,

Title: D (X) Delete
Name: FARSCHIAN, MARIA B
Address: 260 CRANDON BLVD., SUITE 32 #97
City-St-Zip: KEY BISCAVNE, FL 33149

Title: D (X) Delete
Name: FELIPE, MARCELL
Address: 1401 BRICKELL AVE., SUITE 500
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARBA, CARLOS
Address: 260 CRANDON BLVD., SUITE 32 #97
City-St-Zip: KEY BISCAVNE, FL 33149 US

Title: D (X) Change () Addition
Name: BURILLO, ALEJANDRO
Address: PASEO DE LOS TAMARINDOS 400, PISO 32
City-St-Zip: C.P. 05120, MEXICO D.F., -- ---- MX

Title: VST (X) Change () Addition
Name: DE LA CAMPA, ENRIQUE
Address: PASEO DE LOS TAMARINDOS 400, PISO 32
City-St-Zip: C.P. 05120, MEXICO D.F., -- ---- MX

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: CARLOS ARIAS

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date