

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000992

FILED  
Jan 14, 2012  
Secretary of State

**Entity Name:** CARIBBEAN DESALINATION ASSOCIATION (CARIBDA), INC.

**Current Principal Place of Business:**

RECTOR ZWIJSSSENSTRAAT 1  
WILLEMSTAD, CURACAO, XX XX

**New Principal Place of Business:**

**Current Mailing Address:**

2409 SE DIXIE HWY  
STUART, FL 34996

**New Mailing Address:**

**FEI Number:** 27-4753808

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAWORSKI, JANET L  
2409 SE DIXIE HWY  
STUART, FL 34996 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: P  
Name: PEREIRA, MANUEL  
Address: KWARTJE #30  
City-St-Zip: CURACAO, NETHERLANDS ANTILLES, XX XX

Title: VP  
Name: DUDLEY, LINDA  
Address: 4 & 5 GRANTLEY ADAMS INDUSTRIAL PARK  
City-St-Zip: CHRISTCHURCH, BARBADOS, XX XX

Title: S  
Name: HALLSBY, ANDERS  
Address: 1601 WEST DIEHL RD  
City-St-Zip: NAPERVILLE, IL 60563

Title: T  
Name: PEREIRA, GERARD  
Address: P O BOX 1114 GT  
City-St-Zip: GRAND CAYMAN, CI KY1-1102, XX XX

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: JANET L JAWORSKI

RA

01/14/2012

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

\_\_\_\_\_  
Date