2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005340

FILED Jul 08, 2008 Secretary of State

Entity Name: FIRST FINANCIAL CARIBBEAN USA, INC. **Current Principal Place of Business: New Principal Place of Business:** 155 NORTH DEAN STREET 8525 NW 53RD TERRACE ENGLEWOOD, NJ 07631 SUITE 114 DORAL, FL 33166 **Current Mailing Address: New Mailing Address:** 8525 NW 53RD TERRACE SUITE 114 DORAL, FL 33166 FEI Number: 11-3339751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOUTHERN HEALTH NETWORK, INC. 8525 NW 53RD TERRACE SUITE 114 DORAL, FL 33166 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition

HOWELL, DELROY HOWELL, DELROY Name: Name: 155 N DEAN STREET THIRD FLOOR 2000 ISLAND BLVD Address: Address: AVENTURA, FL 33160 City-St-Zip: ENGLEWOOD, NJ 07631 City-St-Zip:

Title: () Delete Title: () Change (X) Addition CHUNG, MICHELLE Name: Name: Address: Address: 4415 SW 179TH WAY

MIRAMAR, FL 33029 US City-St-Zip: 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: DELROY HOWELL PD 07/08/2008