

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005340

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: FIRST FINANCIAL CARIBBEAN USA, INC.

**Current Principal Place of Business:**

8525 NW 53RD TERRACE  
SUITE 114  
DORAL, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

8525 NW 53RD TERRACE  
SUITE 114  
DORAL, FL 33166

**New Mailing Address:**

FEI Number: 11-3339751      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SOUTHERN HEALTH NETWORK, INC.  
8525 NW 53RD TERRACE  
SUITE 114  
DORAL, FL 33166 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOWELL, DELROY  
Address: 2000 ISLAND BLVD  
City-St-Zip: AVENTURA, FL 33160

Title: MAN ( ) Delete  
Name: CHUNG, MICHELLE  
Address: 4415 SW 179TH WAY  
City-St-Zip: MIRAMAR, FL 33029 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HOWELL, DELROY  
Address: 2000 ISLAND BLVD APT#710  
City-St-Zip: AVENTURA, FL 33160

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: MICHELLE CHUNG

MS

06/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date