

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L30384

FILED
Apr 29, 2005
Secretary of State

Entity Name: CARIBBEAN CANADIAN U.S.A., INC.

Current Principal Place of Business:

2320 N.W. 102ND PLACE
C/O ANCIL M. MARAJ
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

2320 N.W. 102ND PLACE
C/O ANCIL M. MARAJ
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 65-0162417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARCHAT, STEVEN M P.A
848 BRICKELL AVE
SUITE #1040
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: P () Delete
Name: ACRA, MAURICE,
Address: 2320 N.W. 102ND PLACE
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: ALEXIS, MONA T
Address: 2320 N.W. 102ND PLACE
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: PAPILLON, CHRISTINE A
Address: 2320 N.W. 102ND PLACE
City-St-Zip: MIAMI, FL 33172

Title: S () Delete
Name: VICTORIN, MARGARET
Address: 2320 NW 102ND PLACE
City-St-Zip: MIAMI, FL 33172

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 for the exemption stated in Section 119.07(3)(i), 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: MAURICE ACRA

P

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date