

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007994

FILED
Apr 30, 2008
Secretary of State

Entity Name: CARIBBEAN FRIENDS CARES, INC.

Current Principal Place of Business:

2769 NW 36TH AVE.
LAUDERDALE LAKES, FL 33311

New Principal Place of Business:

Current Mailing Address:

2769 NW 36TH AVE.
LAUDERDALE LAKES, FL 33311

New Mailing Address:

FEI Number: 43-1950459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, HAZELLE
2769 NW 36TH AVE.
LAUDERDALE LAKES, FL 33311 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: DP () Delete
Name: ROGERS, HAZELLE
Address: 2769 NW 36TH AVE.
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: DT () Delete
Name: CLARKE, LENORE
Address: 4251 NW 24TH ST.
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: OMPHROY, MARLENE
Address: 3670 NW 27 ST
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: D () Delete
Name: BAX, EULALEE
Address: 3670 NW 27 ST
City-St-Zip: LAUDERDALE LAKES, FL 33311

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAZELLE ROGERS

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date