

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001022

FILED
Jul 11, 2005
Secretary of State

Entity Name: CARIBBEAN AMERICAN MEDICAL EDUCATIONAL ORGANIZATION, INC.

Current Principal Place of Business:

1834 N UNIVERSITY DRIVE
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1834 N UNIVERSITY DRIVE
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 03-0400369 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KEEN, YVONNE
1834 N. UNIVERSITY DRIVE
PLANTATION, FL 33322 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: D () Delete
Name: KEEN, YVONNE
Address: 8973 NW 53RD CT.
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: KEEN, DAVID
Address: 1516 BLOCKFORD CT. E.
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: PERSAD, ALIA
Address: 1910 NW 190TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DT () Delete
Name: KEEN, RICHARD A
Address: 7451 NW 38 CT
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: BINGER, ROGER
Address: 4851 NW 7TH DR.
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: BINGER, DIANNE
Address: 4851 NW 7TH DR.
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KEEN, DAVID A DR.
Address: 2245 UPLAND WAY
City-St-Zip: TALLAHASSEE, FL 32311

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

SIGNATURE: RICHARD A. KEEN

DT

07/11/2005

Electronic Signature of Signing Officer or Director

Date