2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2009
Secretary of State

DOCUMENT# N02000007693

Entity Name: CARIBEFEST, INC.

Current Principal Place of Business:

513 SOUTHWEST 176 WAY
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

513 SOUTHWEST 176 WAY
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 06-1652589 **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:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4T FLOOR
MIAMI, FL 33145 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:	LIMAGE, JEAN H	
Address:	513 SOUTHWEST 176 WAY	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	DVP	( ) Delete
Name:	DAVIS, ALEXANDRA	
Address:	513 SOUTHWEST 176 WAY	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	DT	( ) Delete
Name:	ENARD, GARY J	
Address:	513 SOUTHWEST 176 WAY	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	SD	( ) Delete
Name:	CAMPBELL, FARAH	
Address:	513 SOUTHWEST 176 WAY	
City-St-Zip:	PEMBROKE PINES, FL 33029	
Title:	D	( ) Delete
Name:	SUPRIA, MARCIA	
Address:	513 SOUTHWEST 176 WAY	
City-St-Zip:	PEMBROKE PINES, FL 33029	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DT	(X) Change ( ) Addition
Name:	JEAN ENARD, GARY	
Address:	513 SOUTHWEST 176 WAY	
City-St-Zip:	PEMBROKE PINES, FL 33029	
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: JEAN HAROL LIMAGE DP 05/22/2009

Electronic Signature of Signing Officer or Director — Date