

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007693

FILED
Sep 02, 2010
Secretary of State

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 ()

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
Name: LIMAGE, JEAN H
Address: 513 SOUTHWEST 176 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DVP
Name: DAVIS, ALEXANDRA
Address: 513 SOUTHWEST 176 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DT
Name: JEAN ENARD, GARY
Address: 513 SOUTHWEST 176 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD
Name: CAMPBELL, FARAH
Address: 513 SOUTHWEST 176 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D
Name: SUPRIA, MARCIA
Address: 513 SOUTHWEST 176 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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 all other like empowered.

SIGNATURE: JEAN HAROLD LIMAGE

DP

09/02/2010

Electronic Signature of Signing Officer or Director

Date