

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009538

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** CARIBBEAN AMERICAN SOCIAL AWARENESS CENTER, INC.

**Current Principal Place of Business:**

2880 W OAKLAND BLVD SUITE 110  
110  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

2620 S.W 8TH STREET  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 65-1207704      **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:**

**Name and Address of New Registered Agent:**

GORDON, SHARON  
2620 SW 8TH ST  
FT LAUDERDALE, FL 33312      US

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: FORMAN, HOWARD  
Address: 11720 NW 12TH ST  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: P      ( ) Delete  
Name: GORDON, SHARON REV  
Address: 2620 SW 8TH ST  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: T      ( ) Delete  
Name: TWENEBOAH, KWAME CPA  
Address: 6047 KIMBERLY BLVD, STE E  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: S      ( ) Delete  
Name: HUTTON, MAISE  
Address: 2620 SW 8TH ST  
City-St-Zip: FT LAUDERDALE, FL 33312

**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: SHARON GORDON

DP

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date