

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005451

FILED  
May 01, 2005  
Secretary of State

**Entity Name:** THE CARIBBEAN MEDICAL EDUCATION CONSULTANTS, INC.

**Current Principal Place of Business:**

4256 FOX RIDGE DRIVE  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

4256 FOX RIDGE DRIVE  
WESTON, FL 33331

**New Mailing Address:**

**FEI Number:** 73-1710107      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

MOISE, FR. BURNET REV.  
4256 FOX RIDGE DRIVE  
WESTON, FL 33331 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: PD ( ) Delete  
Name: MOISE, FR. BURNET REV.  
Address: 4256 FOX RIDGE DRIVE  
City-St-Zip: WESTON, FL 33331

Title: VD ( ) Delete  
Name: RICHARDSON, ROLEX ING.  
Address: 4256 FOX RIDGE DRIVE  
City-St-Zip: WESTON, FL 33331

Title: SD ( ) Delete  
Name: JEAN, YVROSE  
Address: 4471 N.W. 106TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: M ( ) Change (X) Addition  
Name: CHERICHEL, ACEDA  
Address: 6100 SOUTH FALLS CIRCLE DRIVE  
City-St-Zip: LAUDERHILL, FL 33319

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: REV. BURNET MOISE

PD

05/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date