

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005451

FILED
Apr 26, 2009
Secretary of State

Entity Name: THE CARIBBEAN MEDICAL EDUCATION CONSULTANTS, INC.

Current Principal Place of Business:

6388 SQUIREWOOD WAY
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6388 SQUIREWOOD WAY
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 73-1710107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOISE, FR. BURNET REV.
6388 SQUIREWOOD WAY
LAKE WORTH, FL 33467 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: PD () Delete
Name: MOISE, FR. BURNET REV.
Address: 6388 SQUIREWOOD WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: VD () Delete
Name: RICHARDSON, ROLEX ING.
Address: 4256 FOX RIDGE DR
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: M () Delete
Name: CHERICHEL, ACEDA
Address: 6100 SOUTH FALLS CIRCLE DRIVE
City-St-Zip: LAUDERHILL, FL 33319

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: REV. FR. BURNET MOISE

PD

04/26/2009

Electronic Signature of Signing Officer or Director

Date