

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008442

FILED
Mar 31, 2005
Secretary of State

Entity Name: CARIBBEAN HEALTH RESEARCH NETWORK OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4182 TRENTON AVE.
COOPER CITY, FL 33026 US

New Principal Place of Business:

2291 NW 162 WAY
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

4182 TRENTON AVE.
COOPER CITY, FL 33026 US

New Mailing Address:

2291 NW 162 WAY
PEMBROKE PINES, FL 33028 US

FEI Number: 80-0120049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLIER, NICOLE
4182 TRENTON AVE.
COOPER CITY, FL 33026 US

Name and Address of New Registered Agent:

KELLIER, NICOLE
2291 NW 162 WAY
PEMBROKE PINES, FL 33028 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:

03/31/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KELLIER, NICOLE
Address: 4182 TRENTON AVE.
City-St-Zip: COOPER CITY, FL 33026 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: KELLIER, NICOLE
Address: 2291 NW 162 WAY
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: D () Change (X) Addition
Name: GARVEY, MARJORIE
Address: 4182 TRENTON AVE
City-St-Zip: COOPER CITY, FL 33026

Title: D () Change (X) Addition
Name: WILLIAMS, ANDREA
Address: 50 NW 212 STREET
City-St-Zip: MIAMI, FL 33162

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: NICOLE KELLIER

P, D

03/31/2005

Electronic Signature of Signing Officer or Director

Date