2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2011
Secretary of State

DOCUMENT# N04000008871

Entity Name: CARIBBEAN CHILDREN NUTRITION HEALTH EDUCATION CENTER, INC

Current Principal Place of Business:

1153 NW LOMBARDY DR
PORT STE LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

1153 NW LOMBARDY DR
PORT STE LUCIE, FL 34986

New Mailing Address:

FEI Number: 41-2153954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLAISE, BEATRICE
115 3 NW LOMBARDY DR
PORT ST.LUCIE, FL 34986 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: EPD
Name: BLAISE, BEATRICE
Address: 2314 SW RANCH AVENUE
City-St-Zip: PORT ST.LUCIE, FL 34953

Title: S
Name: GUILENE, EXUME
Address: 2839 JACKSON ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: TREA
Name: TOUSSAINT, GUINX
Address: 5675 SUNBERRY CIRCLE
City-St-Zip: FORT PIERCE, FL 34951

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: BEATRICE BLAISE PRE 05/12/2011

Electronic Signature of Signing Officer or Director Date