2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001041

FILED Jan 19, 2009 Secretary of State

Entity Name: BROWARD CARIBBEAN CARNIVAL, INC.

Current F	Principal Place	e of Business:	New Principal Place of I	Business:	
	THER TERRA HILL, FL 33319				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	THER TERRA HILL, FL 33319				
FEI Numbei	r: 20-2315089	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of N	ew Registered Agent:	
6175 NW SUITE 12	RD, JOHN G N 153RD STREE 1 KES, FL 33014	ĒΤ			
	e named entity e of Florida.	submits this statement for the	ourpose of changing its registered of	fice or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	nt	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	ANSOLA, AND 6781 NW 45TH	HST.	Title: () Name: Address: City-St-Zip:	Change () Addition	
Γitle: Name: ∖ddress:	PHIPPS, LARS 2801 N HIATUS	5 RD.	Name: Address:	Change () Addition	
City-St-Zip:		33323	City-St-Zip:		
Fitle: Name: Nddress:	VPD (ANTHONY, JO: 8250 NW 51 S) Delete SEPH T.	-	Change () Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	VPD (ANTHONY, JO: 8250 NW 51 S LAUDERHILL,) Delete SEPH T. FL 33319) Delete ICIS S RD.	Title: () Name: Address: City-St-Zip:	Change () Addition Change () Addition	
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip:	VPD (ANTHONY, JO: 8250 NW 51 S LAUDERHILL, PROD (RAGOO, FRAN 2801 N HIATUS SUNRISE, FL) Delete SEPH T. FL 33319) Delete ICIS S RD. 33323) Delete OHN R TERRACE	Title: () Name: Address: City-St-Zip: Title: () 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: JOHN G BECKFORD TD 01/19/2009