

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001672

FILED  
Jul 03, 2007  
Secretary of State

Entity Name: CARIBBEAN UNITED CENTER INC.

## Current Principal Place of Business:

2917 WEST BROWARD BLVD  
FT LAUDERDALE, FL 33312

## New Principal Place of Business:

## Current Mailing Address:

2917 WEST BROWARD BLVD  
FT LAUDERDALE, FL 33312

## New Mailing Address:

FEI Number: 04-3808738      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

MAXIME, JEAN  
2917 WEST BROWARD BLVD  
FT LAUDERDALE, FL 33312      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: P ( ) Delete  
Name: MAXIME, JEAN  
Address: 2917 WEST BROWARD BLVD  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: S ( ) Delete  
Name: RICHARDS, MONTORIA  
Address: 3941 NW 36TH TERRACE  
City-St-Zip: LAUDERDALE LAKES, FL 33309

Title: T ( ) Delete  
Name: JODESTY, YVES DR  
Address: 1040 NW 10TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP ( ) Delete  
Name: IVICE, ELLIOT DR  
Address: 1111 WEST BROWARD  
City-St-Zip: FORT LAUDERDALE, FL 33311

## 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: JEAN MAXIME

PRES

07/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date