

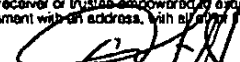
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FILE NO 5000001672

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 30 PM 3:37

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000001672						08 JUN 30 PM 3: 37	
1. Entity Name CARIBBEAN UNITED CENTER INC.						50050097 	
Principal Place of Business 2917 WEST BROWARD BLVD FT LAUDERDALE, FL 33312				Mailing Address 2917 WEST BROWARD BLVD FT LAUDERDALE, FL 33312			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State		02242005 Chg-NP CR2E037 (10/03)	
Zip		Country		Zip		Country	
4. FEI Number 04380873				Applied For ☒ Not Applicable			
5. Certificate of Status Desired ☐				58.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent	
MAXIME, JEAN 2917 WEST BROWARD BLVD FT LAUDERDALE, FL 33312						Name	
						Street Address (P.O. Box Number is Not Acceptable)	
						City	
						FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ Signature is typed or printed name of registered agent and sole if applicable. (NOTE: Registered Agent signature required when renouncing.)							
Filing Fee is \$81.28 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE		P		TITLE		☐ Change ☐ Addition	
NAME		MAXIME, JEAN		NAME			
STREET ADDRESS		2917 WEST BROWARD BLVD		STREET ADDRESS			
CITY - ST - ZIP		FT LAUDERDALE, FL 33312		CITY - ST - ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
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STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all of the information required.						B 7/1/08 3 205	
SIGNATURE: 							
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR						Date	