## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000003821

FILED Feb 01, 2008 Secretary of State

Entity Name: CARIBBEAN AMERICAN CHAMBER OF COMMERCE OF TAMPA BAY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 27212 FOAMFLOWER BLVD WESLEY CHAPEL, FL 33544 **Current Mailing Address: New Mailing Address:** PO BOX 1499 LAND O LAKES, FL 346391499 FEI Number: 20-4659883 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REDWOOD, WAYNE 27212 FOAMFLOWER BLVD WESLEY CHAPEL, FL 33544 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DIR (X) Change ( ) Addition () Delete DEREK, LLOYD G LLOYD, DEREK G Name: Name: 27212 FOAMFLOWER BLVD Address: 5117 LURGAN ROAD Address: City-St-Zip: WESLEY CHAPEL, FL 33544 City-St-Zip: LAND O LAKES, FL 34638 Title: Title: ( ) Change (X) Addition ( ) Delete ARTHRUTON, MERVIN W Name: Name: Address: Address: 5128 LURGAN ROAD City-St-Zip: City-St-Zip: LAND O LAKES, FL 34638 Title: () Delete Title: ( ) Change (X) Addition ARTHURTON, CAROLINE E Name: Name: 5128 LURGAN ROAD Address: Address: City-St-Zip: City-St-Zip: LAND O LAKES, FL 34638 Title: () Delete Title: ( ) Change (X) Addition Name: Name: BENOIT-LLOYD, SOLANGE Address: Address: 5117 LURGAN ROAD City-St-Zip: City-St-Zip: LAND O LAKES, FL 34638

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: DEREK G LLOYD PRES 02/01/2008