2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90190 043 ****70.00

DOCUMENT # N07000006850

1. Entity Name
THE ORDER OF KUSH FLORIDA & THE CARIBBEAN, INC.

Principal Place of Business	Mailing Address
~~3511 W. COMMERCIAL BOULEVARD SUITE 203 FORT LAUDERDALE, FL 33309~~	C/O SHARON A. REID POST OFFICE BOX 16494 PLANTATION, FL 33318

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04172008 Chg-NP CR2E037 (12/05)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3800 W. Broward Blvd	P.O. Box 16494
Suite, Apt. #, etc. 108	Suite, Apt. #, etc.
City & State Plantation FL	City & State Plantation FL
Zip 33312 Country	Zip 33318 Country USA

4. FEI Number 83-0508303 — Applied For / Not Applicable

5. Certificate of Status Desired — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REID, SHARON A 5573 PACIFIC BOULEVARD SUITE 3503 BOCA RATON, FL 33433	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 **Due by May 1, 2008**	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	EXD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	REID, SHARON A		NAME		
STREET ADDRESS	3511 W. COMMERCIAL BLVD. #203		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		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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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 exemptions contained 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 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 other like empowered.

SIGNATURE: [signature] 4/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #