

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007026

FILED  
Aug 26, 2008  
Secretary of State

**Entity Name:** FLORIDA CARIBBEAN CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

1320 NE 156 STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1320 NE 156 STREET  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 80-0245226      **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:**

HILL, MARLON A ESQ  
200 S. BISCAYNE BLVD., SUITE 2750  
MIAMI, FL 33131 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: D ( ) Delete  
Name: CHANNER, BARRON  
Address: 1320 NE 156 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D ( ) Delete  
Name: BELIARD, TAMARA  
Address: 10817 INDIAN TRAIL  
City-St-Zip: COOPER CITY, FL 33328

Title: D ( ) Delete  
Name: KAMEKA, KARIM  
Address: 7754 PLANTATION BLVD  
City-St-Zip: MIRAMAR, FL 33023

**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:

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: C. BARRON CHANNER

D

08/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date