2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N07000008268

Entity Name: CARIBBEAN UNITED INC.

Current Principal Place of Business:

1108 GARNETT STREET
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3374
LANTANA, FL 33465

New Mailing Address:

FEI Number: 74-3228733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AVRIL, JOSEPH H
1108 GARNETT ST
LANTANA, FL 33462 US

Name and Address of New Registered Agent:

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:	PD	( ) Delete
Name:	AVRIL, JOSEPH H	
Address:	1108 GARNETT ST	
City-St-Zip:	LANTANA, FL 33462	
Title:	C	( ) Delete
Name:	DESPAGNE, HANS	
Address:	1108 GARNETT ST	
City-St-Zip:	LANTANA, FL 33462	
Title:	VP	( ) Delete
Name:	BELLANTON, RONALD	
Address:	1108 GARNETT ST	
City-St-Zip:	LANTANA, FL 33462	
Title:	T	( ) Delete
Name:	MCKINLEY, LAURA	
Address:	1108 GARNETT ST	
City-St-Zip:	LANTANA, FL	
Title:	CH	( ) Delete
Name:	NORMAN, MICHELLE Y	
Address:	1108 GARNETT STREET	
City-St-Zip:	LANTANA, FL 33462	
Title:	AS	(X) Delete
Name:	MICKECIA, HAYDEN	
Address:	1108 GARNETT ST	
City-St-Zip:	LANTANA, FL 33462	

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:		
Title:	S	(X) Change ( ) Addition
Name:	CELLIAN, DAPHNEY Y	
Address:	1108 GARNETT STREET	
City-St-Zip:	LANTANA, FL 33462	
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: JOSEPH AVRIL PD 04/28/2009

Electronic Signature of Signing Officer or Director — Date