

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008
Secretary of State

DOCUMENT# N07000011720

Entity Name: CARIBBEAN AMERICAN INTEGRATION NETWORK INC.

Current Principal Place of Business:

7931 SW 7TH PLACE
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

7931 SW 7TH PLACE
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 26-1566374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

NICHOLSON, PAUL
7931 SW 7TH PLACE
NORTH LAUDERDALE, FL 33068 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: P () Delete
Name: NICHOLSON, PAUL
Address: 7931 SW 7TH PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: V () Delete
Name: NICHOLSON, MAXINE
Address: 7931 SW 7TH PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: S () Delete
Name: CHIN, ANDREA
Address: POST OFFICE BOX 151
City-St-Zip: VALLEY STREAM, NY 11582

Title: T () Delete
Name: DAVIDSON, MILTON
Address: 14752 NW 49 CT
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: GARDNER, MARK
Address: 1688 SW 158 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: NICHOLSON, MAXINE
Address: 7931 SW 7TH PLACE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: V (X) Change () Addition
Name: CHIN, ANDREA
Address: POST OFFICE BOX 151
City-St-Zip: VALLEY STREAM, NY 11582

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: TREPICCIONE, SHARON
Address: 5600 NORTH UNIVERSITY DR.
City-St-Zip: TAMARAC, FL 33351

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: PAUL NICHOLSON

P

05/20/2008

Electronic Signature of Signing Officer or Director

_____ Date