

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011720

FILED  
May 06, 2009  
Secretary of State

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:**

PO BOX 590502  
TAMARAC, FL 33359

FEI Number: 26-1566374      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:**

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

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

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

Title: D      (X) Change ( ) Addition  
Name: TINSLEY, GIRLEAN  
Address: 1500 NW 44 ST  
City-St-Zip: MIAMI, FL 33142

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 A NICHOLSON

P

05/06/2009

Electronic Signature of Signing Officer or Director

Date