2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000004135

Entity Name: CARIBBEAN AMERICAN HERITAGE FLORIDA, INC.

Current Principal Place of Business:

18333 N.E. 4TH COURT
MIAMI, FL 33179

New Principal Place of Business:

20801 BISCAYNE BLVD
424
AVENTURA, FL 33180

Current Mailing Address:

18333 N.E. 4TH COURT
MIAMI, FL 33179

New Mailing Address:

20801 BISCAYNE BLVD
424
AVENTURA, FL 33180

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEALY, ASA
18333 N.E. 4TH COURT
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

SEALY, ASA
20801 BISCAYNE BLVD
424
AVENTURA, FL 33180 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: ASA P SEALY 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SEALY, ASA
Address: 18333 N.E. 4TH COURT
City-St-Zip: MIAMI, FL 33179

Title: VD ( ) Delete
Name: HEMMINGS, BRAD
Address: 18333 N.E. 4TH COURT
City-St-Zip: MIAMI, FL 33179

Title: DS (X) Delete
Name: MORRIS, BERNICE
Address: 18333 N.E. 4TH COURT
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SEALY, ASA
Address: 20801 BISCAUNE BLVD 424
City-St-Zip: AVENTURA, FL 33180

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: ASA P SEALY DP 04/30/2009
Electronic Signature of Signing Officer or Director Date