2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N08000008730

Entity Name: CARIBBEAN AMERICAN ART SOCIETY INC.

Current Principal Place of Business:

1880 NE 158TH STREET
NORTH MIAMI BEACH, FL 331625744

New Principal Place of Business:

Current Mailing Address:

1880 NE 158TH STREET
NORTH MIAMI BEACH, FL 331625744

New Mailing Address:

FEI Number: 80-0312947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUTLER, NEVILLE E
1880 NE 158TH STREET
NORTH MIAMI BEACH, FL 331625744 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: D ( ) Delete
Name: BUTLER, JENETHA W
Address: 1880 NE 158TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 331625744

Title: D ( ) Delete
Name: BUTLER, NEVILLE E
Address: 1880 NE 158TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 331625744

Title: D ( ) Delete
Name: BUTLER CHATTERS, DOMINIC
Address: 4223 HYDE PARK DRIVE
City-St-Zip: WINCHESTER, VA 238315744

Title: D ( ) Delete
Name: WILSON, DAWN
Address: 3885 WASHINGTON STREET
City-St-Zip: HOLLYWOOD, FL 33310

Title: D ( ) Delete
Name: WILSON-KING, SHERRY
Address: 3860 ABBEY DRIVE
City-St-Zip: ATLANTA, GA 30330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: BUTLER CHATTERS, DOMINIQUE
Address: 4223 HYDE PARK DRIVE
City-St-Zip: WINCHESTER, VA 238315744

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

Title: D (X) Change ( ) Addition
Name: WILSON-KING, SHERRY
Address: 3680 ABBEY DRIVE
City-St-Zip: ATLANTA, GA 30330

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: NEVILLE E BUTLER D 04/26/2009

Electronic Signature of Signing Officer or Director — Date