

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000004736

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** KARIBAMERICA'S WELL-BEING FOUNDATION, INC.

**Current Principal Place of Business:**

1861 NORTH GLADES DRIVE #10  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1861 NORTH GLADES DRIVE #10  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

P.O.BOX 600147  
NORTH MIAMI BEACH, FL 33160

**FEI Number:** 27-0219187

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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  
**Name:** REED, MARGARETH  
**Address:** P.O. BOX 600147  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33160

**Title:** STD  
**Name:** LOUIS, MONIQUE  
**Address:** 1131 N.E 211 STREET  
**City-St-Zip:** MIAMI, FL 33179

**Title:** D  
**Name:** WILLIAMS, KEVIN N  
**Address:** 1524 N.E. 147 STREET  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33161

I hereby 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 all other like empowered.

**SIGNATURE:** MARGARETH REED

PD

03/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date