2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002858

FILED Feb 24, 2009 Secretary of State

Entity Name: CARIBBEAN BUSINESS EXPO LIMITED, INC.

Current Principal Place of Business: New Principal Place of Business:

306 E BULLARD PKWY 2344 CRESTOVER LN

TAMPA, FL 33617 WESLEY CHAPEL, FL 33544 US

Current Mailing Address: New Mailing Address:

17905 CACHET ISLE TAMPA, FL 33647

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

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

RAMOS, JOSE S 17905 CACHET ISLE TAMPA, FL 33647

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

STD () Delete (X) Change () Addition RAMOS, MINEWA F RAMOS, MINEWA F Name: Name:

306 E. BULLARD PKWY. Address: 2344 CRESTOVER LN Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: WESLEY CHAPEL, FL 33544

Title: PD () Delete Title: () Change () Addition

Name: RAMOS, JOSE S Name: Address: 7402 N 56TH ST. S-906 Address: City-St-Zip: TAMPA, FL City-St-Zip:

Title: VPD () Delete Title: () Change () Addition

MATOS, ERIC E Name: Name: Address: 7402 N. 56TH ST., STE. 906 Address: City-St-Zip: TAMPA, FL City-St-Zip:

Title: VP/D () Delete Title: VP/D (X) Change () Addition

Name: RAMOS, YAUINEL Name: RAMOS, YAUINEL 2344 CRESTOVER LN Address: 306 E. BULLARD PKWY. Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: WESLEY CHAPEL, FL 33544

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: JOSES RAMOS PD 02/24/2009