


2005 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000005841	
1. Entity Name CARIBBEAN COUNCIL FOR THE BLIND INTERNATIONAL, INC.	

Principal Place of Business 3800 INVERARY BLVD 101-K LAUDERHILL, FL 33319	Mailing Address 3800 INVERARY BLVD 101-K LAUDERHILL, FL 33319
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0580190	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRANT, ARVEL L 3800 INVERARY BLVD SUITE 101-K LAUDERHILL, FL 33319	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ARVEL GRANT** (NOTE: Registered Agent's signature required when reinstating) **January 28, 2005** DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD AVRIL, ANTHONY % SLBWA, SANSOUCI, PO BOX 788 CASTRIES ST. LUCIA W. INDIES,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MAULE, RAPHAEL 318, MELODIANS CRESCENT, MALABAR ARIMA, TRINIDAD W.I.,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BENJAMIN, LONDEL BUCKLEYS VILLAGE, PO BOX 337 ST JOHNS, ANTIGUA W.I.,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GRANT, ARVEL L CCB, ALL SAINTS RD, PO BOX 1517 ST JOHN'S, ANTIGUA, W.I.,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARSON, LOLA 13, NORTHEAST, 12TH AVE, PO BOX 8178 ST CATHERINE, JAMAICA, W.I.,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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02/10/05-80020-004 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **ARVEL GRANT** **01-28-05-12684626369**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #