

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 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**



02132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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	

U00000859157  
04/02/08-80010-018 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ARVEL GRANT**

Date

Daytime Phone #

**15-02-2008**