

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002342

FILED
Jul 14, 2008
Secretary of State

Entity Name: THE CARIBBEAN BAR ASSOCIATION, INC.

Current Principal Place of Business:

2400 EAST COMMERCIAL BOULEVARD
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 39563
FORT LAUDERDALE, FL 33339

New Mailing Address:

FEI Number: 65-0706222 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COLON, YVETTE L SD
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 US

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 () Delete
Name: GORDON, SHERYLLE A PD
Address: 2400 EAST COMMERCIAL BOULEVARD
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VPD () Delete
Name: SMITH, CHERINE A VPD
Address: 100 S.E. 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33394

Title: SD () Delete
Name: COLON, YVETTE L SD
Address: 3111 STIRLING ROAD
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: TD () Delete
Name: ROBINSON, SUE-ANN N
Address: 201 S.E. 6TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SHERYLLE GORDON

PD

07/14/2008

Electronic Signature of Signing Officer or Director

Date