2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# N95000002342

Entity Name: THE CARIBBEAN BAR ASSOCIATION, INC.

Current Principal Place of Business:

ONE EAST BROWARD BLVD
620
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 39563
FORT LAUDERDALE, FL 33339

New Mailing Address:

ONE EAST BROWARD BLVD
620
FORT LAUDERDALE, FL 33301

FEI Number: 65-0706222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLON HERON, YVETTE L SD
ONE EAST BROWARD BLVD
620
FORT LAUDERDALE, FL 33301 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	( ) Delete
Name:	COLON HERON, YVETTE LISA PD	
Address:	ONE EAST BROWARD BLVD SUITE 620	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	VPD	( ) Delete
Name:	GREEN, CAROL A VPD	
Address:	200 S. BISCAYNE BOULEVARD , SUITE 2750	
City-St-Zip:	MIAMI, FL 33131	
Title:	SD	( ) Delete
Name:	PHILP, SHELDON SD	
Address:	200 SOUTH BISCAYNE BOULEVARD, SUITE 4900	
City-St-Zip:	MIAMI, FL 33131	
Title:	TD	( ) Delete
Name:	WILKINSON, VENIESE A TD	
Address:	1645 PALM BEACH LAKES BLVD., SUITE 350	
City-St-Zip:	WEST PALM BEACH, FL 33401	

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: VENIESE A. WILKINSON TD 02/28/2009

Electronic Signature of Signing Officer or Director — Date