

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002539

FILED
Apr 04, 2008
Secretary of State

Entity Name: CARIBBEAN HEART MENDERS ASSOCIATION INC.

Current Principal Place of Business:

7320 GRIFFIN ROAD
SUITE 211
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

7320 GRIFFIN ROAD
SUITE 211
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-0660138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORREST, BRENDA
5556 SW 82ND PLACE
N/A
OCALA, FL 34476 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: P () Delete
Name: CHARLTON, WINSOME
Address: 7320 GRIFFIN ROAD, SUITE 211
City-St-Zip: DAVIE, FL 33314

Title: V () Delete
Name: DAVIS-SEARS, BARBARA
Address: 3633 SW 161 TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: S () Delete
Name: LORNA, BETTY
Address: 13392 NW 7TH ST
City-St-Zip: PLANTATION, FL 33325

Title: T () Delete
Name: LEGAIR, OSAFER
Address: 902 CORAL CLUB DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: LEGAIR, LESHAWN
Address: 902 CORAL CLUB DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: FORREST, BRENDA
Address: 5556 SW 82ND PLACE
City-St-Zip: OCALA, FL 34476

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: T (X) Change () Addition
Name: LEGAIR, OSAFER
Address: 1601 N PALM AVE SUITE 304B
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D (X) Change () Addition
Name: LEGAIR, LASHAWN
Address: 902 CORAL CLUB DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

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: OSAFER LEGAIR

T

04/04/2008

Electronic Signature of Signing Officer or Director

Date