## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000002539

FILED Apr 27, 2010 Secretary of State

Entity Name: CARIBBEAN HEART MENDERS ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

1601 N. PALM AVENUE 1601 N. PALM AVENUE

SUITE 304 E SUITE 307

PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026

Current Mailing Address: New Mailing Address:

1601 N. PALM AVENUE 1601 N. PALM AVENUE

SUITE 304 E SUITE 307

PEMBROKE PINES, FL 33026 PEMBROKE PINES, FL 33026

FEI Number: 65-0660138 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FORREST, BRENDA THE LEGAIR LAW FIRM,P.A. 5556 SW 82ND PLACE THE LEGAIR LAW FIRM,P.A. 1601 N PALM AVENUE

N/A SUITE 307

OCALA, FL 34476 US PEMBROKE PINES, FL 33026 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: LASHAWN LEGAIR 04/27/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: CHARLTON, WINSOME Address: 2645 SANDY CAY

City-St-Zip: WEST PALM BEACH, FL 33411

Title: V

Name: DAVIS-SEARS, BARBARA Address: 3633 SW 161 TERRACE City-St-Zip: MIRAMAR, FL 33027

Title: S

 Name:
 LORNA, BETTY

 Address:
 13392 NW 7TH ST

 City-St-Zip:
 PLANTATION, FL 33325

Title: T

Name: LEGAIR, OSAFER

Address: 1601 N PALM AVE SUITE 307 City-St-Zip: PEMBROKE PINES, FL 33026

Title: D

 Name:
 CARLENE, NUGENT

 Address:
 5205 S.W. 153 RD

 City-St-Zip:
 MIRAMAR, FL 33027

Title: [

 Name:
 FORREST, BRENDA

 Address:
 5556 SW 82ND PLACE

 City-St-Zip:
 OCALA, FL 34476

I hereby 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 all other like empowered.

SIGNATURE: BRENDA FORREST D 04/27/2010