

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000603

FILED
Jan 17, 2009
Secretary of State

Entity Name: CARIBBEAN FRIENDS, INC.

Current Principal Place of Business:

2676 CANYON FALLS DR
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

2676 CANYON FALLS DR
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 59-3494745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHEL, RIVEAU
2676 CANYON FALLS DR
JACKSONVILLE, FL 32224 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: DP () Delete
Name: MICHEL, RIVEAU
Address: 2676 CANYON FALLS DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: T () Delete
Name: CHARLEUS, JACQUES
Address: 990 TOWNSEND BLVD
City-St-Zip: JACKSONVILLE, FL 32211

Title: DS () Delete
Name: DOREST, JEAN
Address: 2615 SUNRISE RIDGE LN
City-St-Zip: JACKSONVILLE, FL 32211

Title: PR () Delete
Name: PAUL, FRANTZ
Address: 3439 INLET LANE
City-St-Zip: ORANGE PARK, FL 32273

Title: PRR () Delete
Name: JEAN, PATRICE
Address: P.O. BOX 998
City-St-Zip: MIDDLEBURG, FL 32050

Title: PR () Delete
Name: GESNER, JEAN-PHILIPPE
Address: 3929 LAURELWOOD DR.
City-St-Zip: JACKSONVILLE, FL 32257

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
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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: GESNER JEAN - PHILIPPE

PR

01/17/2009

Electronic Signature of Signing Officer or Director

Date