

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000603

FILED  
Jan 16, 2012  
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 (X)

**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  
Name: MICHEL, RIVEAU  
Address: 2676 CANYON FALLS DR  
City-St-Zip: JACKSONVILLE, FL 32224

Title: T  
Name: JEAN PHILIPPE, GESNER  
Address: 3355 CLAIRE LN #107  
City-St-Zip: JACKSONVILLE, FL 32223

Title: DS  
Name: SOIRELUS, WILFIS  
Address: 7228 HIELO DR  
City-St-Zip: JACKSONVILLE, FL 32211

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

Title: PRR  
Name: CUMMINGS, SHARON  
Address: 122 LAWTON AVENUE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: PR  
Name: CHARLEUS, JACQUES  
Address: 990 TOWNSEND BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

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: RIVEAU MICHEL

DP

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date