

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006465

FILED
May 17, 2007
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF CARIBBEAN BUSINESSWOMEN INC.

Current Principal Place of Business:

PO BOX 472174
MIAMI, FL 332472174

New Principal Place of Business:

4770 BISCAYNE BLVD.
STE.1050
MIAMI, FL 33137

Current Mailing Address:

PO BOX 472174
MIAMI, FL 332472174

New Mailing Address:

FEI Number: 65-0789559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GILL, MARIE
565 NORTHWEST 210 STREET #102
MIAMI, FL 33169 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GILL, MARIE
Address: 565 NW 210 STREET #210
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: TULLOCH, MAXINE
Address: 3211 SABAL PALM MANOR,APT 26
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARIE GILL

PD

05/17/2007

Electronic Signature of Signing Officer or Director

Date