

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006465

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** NATIONAL ASSOCIATION OF CARIBBEAN BUSINESSWOMEN INC.

**Current Principal Place of Business:**

4770 BISCAYNE BLVD.  
STE.1050  
MIAMI, FL 33137

**New Principal Place of Business:**

**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  
**Name:** GILL, MARIE  
**Address:** 565 NW 210 STREET #210  
**City-St-Zip:** MIAMI, FL 33169

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

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: MARIE R. GILL

PD

05/03/2010

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

\_\_\_\_\_  
Date