

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025385

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: CARIBBEAN GLOBAL INTERNATIONAL, INC.

## Current Principal Place of Business:

1799 NE 164TH STREET  
113  
NORTH MIAMI BEACH, FL 33162

## New Principal Place of Business:

## Current Mailing Address:

1799 NE 164TH STREET  
113  
NORTH MIAMI BEACH, FL 33162

## New Mailing Address:

P.O. BOX 190665  
FT. LAUDERDALE, FL 33319

FEI Number: 65-1002589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONINE, MERLAND J  
2871 SUNRISE LAKES DR. EAST  
#210  
SUNRISE, FL 33322 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: HENDRICKSON, WILLIAM A  
Address: 5215 MARINE PARKWAY  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPOS ( ) Delete  
Name: CONINE, MERLAND J  
Address: 2871 SUNRISE LAKES DR. EAST  
City-St-Zip: SUNRISE, FL 33322

Title: DAT ( ) Delete  
Name: FISHER, MARK  
Address: 1799 NE 164TH ST, # 113  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: FISHER, MARK  
Address: P.O. BOX 190665  
City-St-Zip: FT. LAUDERDALE, FL 33319

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BROWN, ASHER  
Address: 1799 NE 164TH ST, # 113  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: AT ( ) Change (X) Addition  
Name: FISHER, TRICIA  
Address: 1799 NE 164TH ST. #113  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK FISHER

PRES

03/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date