

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090473

FILED  
Feb 26, 2004  
Secretary of State

**Entity Name:** THE CARIBBEAN BUSINESS COMMUNITY (NORTH AMERICA), INC.

**Current Principal Place of Business:**

2461 NW 67 AVENUE  
MIAMI, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

2461 NW 67 AVENUE  
MIAMI, FL 33122

**New Mailing Address:**

6505 SAN VICENTE STREET  
CORAL GABLES, FL 33146

**FEI Number:** 65-1146139

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BYLES, ALAN  
6505 SAN VICENTE STREET  
CORAL GABLES, FL 33146

**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: D ( ) Delete  
Name: BYLES, ALAN  
Address: 6505 SAN VICENTE STREET  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: BYLES, MARGARITA  
Address: 6505 SAN VICENTE STREET  
City-St-Zip: CORAL GABLES, FL 33146

**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 for the exemption stated in Section 119.07(3)(i), 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:** MARGARITA BYLES

D

02/26/2004

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

\_\_\_\_\_  
Date