

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000083105

FILED
Mar 24, 2009
Secretary of State

Entity Name: CARIBBEAN CONSTRUCTION AND DEVELOPMENT CORPORATION

Current Principal Place of Business:

181 HARBOR DR
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

181 HARBOR DR
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 20-1209735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMONT NEIMAN INTERIAN & BELLET, P.A.
ONE BISCAYNE TOWER SUITE 3550
TWO SOUTH BISCAYNE BLVD
MIAMI, FL 33131 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: D () Delete
Name: PORCARI, ROBERTO
Address: 181 HARBOR DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: PORCARI, MERCEDES
Address: 181 HARBOR DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: PORCARI, PIERO
Address: 181 HARBOR DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: OVARES, HENRY G
Address: 5820 SW 51ST STREET
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

SIGNATURE: ROBERTO PORCARI

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date