## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000094354

DANGLADE, LÉSLYE

17168 SW 114TH CT.

MIAMI, FL 33177

Name:

Address:

City-St-Zip:

FILED Feb 11, 2006 Secretary of State

Entity Name: CARIBBEAN CONTACT USA INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
17168 SW MIAMI, FL					
Current Mailing Address:			New Mailing Address:		
17168 SW MIAMI, FL					
FEI Number:	54-2154482	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US			17168 SW 114TH CT		
The above in the State		submits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: JERRY ALLEYNE-NAGEE				02/11/2006	
	Electron	ic Signature of Registered Ager	t	Date	
Election Can	npaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () ALLEYNE-NAGI 17168 SW 114 <sup>-</sup> MIAMI, FL 331	гн ст.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () SAMUEL, YURI 17168 SW 114 <sup>-</sup> MIAMI, FL 331		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () QUAN-VIE, RAE 17168 SW 114 <sup>-</sup> MIAMI, FL 331	гн ст.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	ST ()	Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JERRY ALLEYENE-NAGEE P 02/11/2006