## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000063889

FILED May 07, 2008 Secretary of State

Entity Name: CARIBBEAN ECONOMIC AND SOCIAL SERVICES CONSORTIUM, INC.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
5200 NW :	33RD AVE			
SUITE 209				
FORT LAU	JDERDALE, FL	33309		
Current IV	lailing Address	<b>s</b> :	New Mailing Addre	ss:
5200 NW :	33RD AVE			
SUITE 209		00000		
FORTLAU	JDERDALE, FL	33309		
FEI Number	: 20-2979689	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
JEAN-BAF	TISTE, ARNOL	.D		
	44TH STREET			
SUITE 403	3 ) PARK, FL 333	109 LIS		
	named entity s	ubmits this statement for the	purpose of changing its register	red office or registered agent, or both,
in the State	e of Florida. ´			
in the State SIGNATUI	e of Florida.			
	e of Florida. RE:	c Signature of Registered Ac	ent	Date
SIGNATUI	e of Florida. RE: Electroni	c Signature of Registered Ag		Date
SIGNATUI In accordan	e of Florida.  RE: Electroni  ce with s. 607.193	c Signature of Registered Ag (2)(b), F.S., the corporation did n		Date
SIGNATUI In accordan Election Cai	e of Florida.  RE: Electroni  ce with s. 607.193	c Signature of Registered Ag (2)(b), F.S., the corporation did n Trust Fund Contribution ().	ot receive the prior notice.	Date  GES TO OFFICERS AND DIRECTOR
SIGNATUI In accordan Election Car OFFICER	e of Florida.  RE:  Electronice with s. 607.193  mpaign Financing  S AND DIRECT	c Signature of Registered Ag (2)(b), F.S., the corporation did n Trust Fund Contribution ( ).	ot receive the prior notice.  ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTOR
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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: ARNOLD JEAN-BAPTISTE P 05/07/2008