


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90017 004 ***150.00

DOCUMENT # P05000139631					
1. Entity Name CARIBBEAN TRADE LINKS, INC.					
Principal Place of Business 6950 RALEIGH STREET HOLLYWOOD, FL 33024			Mailing Address 6950 RALEIGH STREET HOLLYWOOD, FL 33024		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3621554	
Zip		Country		City	
Zip		Country		City	
6. Name and Address of Current Registered Agent PERSAD, LAUREEN 6950 RALEIGH STREET HOLLYWOOD, FL 33024				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
PERSAD, LAUREEN 6950 RALEIGH STREET HOLLYWOOD, FL 33024				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE P	<input type="checkbox"/> Delete				
NAME RAMGANASE, URIE					
STREET ADDRESS 6950 RALEIGH STREET					
CITY-ST-ZIP HOLLYWOOD, FL 33024					
TITLE VP	<input type="checkbox"/> Delete				
NAME BISARAMAJEET, CHANDRWATIE					
STREET ADDRESS 6950 RALEIGH STREET					
CITY-ST-ZIP HOLLYWOOD, FL 33024					
TITLE S/T	<input type="checkbox"/> Delete				
NAME PERSAD, LAUREEN					
STREET ADDRESS 6950 RALEIGH STREET					
CITY-ST-ZIP HOLLYWOOD, FL 33024					
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: LAUREEN PERSAD - Laureen Persad					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 04/08/08 (954) 964-0715	