2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# P07000018963

Entity Name: CARIBBEAN DELIGHTS INC

Current Principal Place of Business:

5435 NW 10TH COURT STE 207
FORT LAUDERDALE, FL 33313

New Principal Place of Business:

Current Mailing Address:

5435 NW 10TH COURT STE 207
FORT LAUDERDALE, FL 33313

New Mailing Address:

FEI Number: 20-8554565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MYRIE, GEORGIA N
5435 NW 10TH CT
STE207
FORT LAUDERDALE, FL 33313 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: P ( ) Delete
Name: MYRIE, GEORGIA N
Address: 5435 NW 10TH CT
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: V ( ) Delete
Name: MARSH-URQUHART, CAROL
Address: 5435 NW 10TH CT STE 207
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: D ( ) Delete
Name: LLOYD, SELVYN
Address: 5435 NW 10TH CT STE 207
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: D ( ) Delete
Name: JAMES, JEAN
Address: 5435 NW 10TH CT STE 207
City-St-Zip: FORT LAUDERDALE, FL 33313

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: GEORGIA MYRIE P 01/05/2009

Electronic Signature of Signing Officer or Director — Date