2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000071212

Entity Name: CARIBBEAN ISLAND CONNECT INTERNATIONAL, INC

FILED Apr 26, 2008 Secretary of State

6029 SW 40TH CT. 5900 SW 26TH TERRACE MIRAMAR, FL 33023 WEST PARK, FL 33023

Current Mailing Address: New Mailing Address:

C/O VICTORINUS LEON 115 NE 3RD AVENUE MIAMI, FL 33132

FEI Number: 22-3966240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEON, VICTORINUS PD
15630 NW 28TH CT
MIAMI, FL 33054 US

LEON, VICTORINUS PD
5900 SW 26TH TERRACE
WEST PARK, HOLLYWOOD, FL 33023 US

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: VICTORINUS LEON 04/26/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: LEON, VICTORINUS Name: LEON, VICTORINUS

Address: 6029 SW 40TH CT. Address: 5900 SW 26TH TERRACE

City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: WEST PARK,HOLLYWOOD, FL 33023

Title: VPD (X) Delete Title: () Change () Addition Name: BENJAMIN. ROLAND Name:

 Address:
 6029 SW 40TH CT.
 Address:
 Address:

 City-St-Zip:
 MIRAMAR, FL 33023
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 BOLJANOVIC, DRAGANA
 Name:

 Address:
 6029 SW 40TH CT.
 Address:

 City-St-Zip:
 MIRAMAR, FL 33023
 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: VICTORINUS LEON PD 04/26/2008