

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90110 020 ***158.75

DOCUMENT # P97000038893

1. Entity Name
CARIBBEAN PREFERRED PROVIDER NETWORK, INC.



Principal Place of Business

1295 NW 14 ST
STE B
MIAMI, FL 33125 US

Mailing Address

1295 NW 14 ST
STE B
MIAMI, FL 33125 US

50013881

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

65-0755451

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COY, PERRIN L
10720 CARIBBEAN BLVD
STE 420
MIAMI, FL 33189

Name

Street Address (P.O. Box Number is Not Acceptable)

3801 BISCAYNE BLVD

STE 300

City

MIAMI

FL

Zip Code 33137

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME COY, KEVIN M
STREET ADDRESS 4701 MERIDAN AVE. STE. 7450 A
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 3801 BISCAYNE BLVD, STE 300
CITY-ST-ZIP MIAMI, FL 33137

TITLE PD ☐ Delete
NAME LING, JAMES
STREET ADDRESS 1295 NW 14TH ST STE B CEDARS SOUTH
CITY-ST-ZIP MIAMI, FL 33125

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN COY

4-17-06

305-571-0620

Date

Daytime Phone #