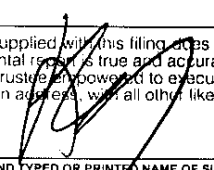


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90121 031 ***558.75

| | | | |
|--|--|---|---|
| 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 | |
| 2. Principal Place of Business - No P.O. Box # 1295 NW 14 ST | | 3. Mailing Address 1295 NW 14 ST | |
| Suite, Apt. #, etc. STE N | | Suite, Apt. #, etc. STE N | |
| City & State MIAMI, FL | | City & State MIAMI, FL | |
| Zip 33125 | | Zip 33125 | |
| Country DADE | | Country DADE | |
| 6. Name and Address of Current Registered Agent COY, PERRIN L 3801 BISCAYNE BLVD STE 300 MIAMI, FL 33137 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 \$550.00 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COY, KEVIN M 3801 BISCAYNE BLVD, STE 300 MIAMI, FL 33137 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LING, JAMES 1295 NW 14TH ST STE B CEDARS SOUTH MIAMI, FL 33125 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LING, JAMES 1295 NW 14TH ST STE B CEDARS SOUTH MIAMI, FL 33125 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | | KEVIN COY | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 8-6-08 305-793-6259 <small>Date Daytime Phone #</small> | |