2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000038893

FILED Apr 20, 2009 Secretary of State

Entity Name: CARIBBEAN PREFERRED PROVIDER NETWORK, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1295 NW 1 STE N MIAMI, FL					
VII/¬IVII, I ∟	33123 00				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1295 NW 1 STE N MIAMI, FL					
FEI Number:		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
COY, PERI 3801 BISC STE 300	RIN L AYNE BLVD				
	IAMI, FL 33137 US				
The above in the State		ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	Signature of Registered Age	nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () COY, KEVIN M 3801 BISCAYNE MIAMI, FL 3313	· ·	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PD () LING, JAMES 1295 NW 14 ST, MIAMI, FL 3312		Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: KEVIN COY D 04/20/2009