


FILED
May 01, 2008 8:00 am
Secretary of State

[illegible]

DOCUMENT # P98000001995						Secretary of State 05-01-2008 90222 012 ***150.00	
1. Entity Name CARIBBEAN UNITED TRANSFER COMPANIES, INC.							
Principal Place of Business 6500 NE 2ND AVE MIAMI, FL 33138 US				Mailing Address 6500 NE 2ND AVE MIAMI, FL 33138 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ABBOTT, MAC A 6500 NE 2ND AVE MIAMI, FL 33138				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				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		P ABBOTT, MAC ALLISTER 6500 NE 2EME AVE MIAMI, FL 33138 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		VICE President And Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CAROLYN Philip 6500 NE 2nd Ave Miami FL 33138	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S BEAULIEU, CHARLES 6500 2EME AVE MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TREASURY AND DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PETER D. Qualley 6500 NE 2nd Ave Miami FL 33138	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		M DESSOURCES, FRANCK 6500 NE 2EME AVE MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TANIA CHIHINIE 6500 NE 2nd Ave Miami FL 33138	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				04-24-2008 305 4931548 Date Daytime Phone #			