2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P98000001995

Entity Name: CARIBBEAN UNITED TRANSFER COMPANIES, INC.

Current Principal Place of Business:

6500 NE 2ND AVE
MIAMI, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

6500 NE 2ND AVE
MIAMI, FL 33138 US

New Mailing Address:

FEI Number: 91-1930272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABBOTT, MAC A
6500 NE 2ND AVE
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ABBOTT, MAC ALLISTER
Address: 6500 NE 2EME AVE
City-St-Zip: MIAMI, FL 33138 US

Title: T/D ( ) Delete
Name: QUELLEY, PETER D
Address: 6500 NE 2ND AVE
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete
Name: CHIHINIE, TANIA
Address: 6500 NE 2ND AVE
City-St-Zip: MIAMI, FL 33138

Title: V/D ( ) Delete
Name: PHILIP, CAROLYN
Address: 6500 NE 2ND AVE
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: PETER QUELLEY VP 04/27/2009

Electronic Signature of Signing Officer or Director — Date