2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000046188

Entity Name: CARIBBEAN OCEAN CORP. (JA.)

12507 NW 23RD STREET

PEMBROKE PINES, FL 33028

Address:

City-St-Zip:

FILED Jun 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
8005 NW	80TH STREET			
UNIT 4	22160			
MIAMI, FL	33100			
Current Mailing Address:			New Mailing Address:	
8005 NW	80 STREET			
UNIT 4	22160			
MIAMI, FL	33100			
FEI Number	: 65-0926594	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	E, HUGH / 23RD STREE KE PINES, FL 3			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
SIGNATUI				
	Electron	c Signature of Registered Ag	ent	Date
		(2)(b), F.S., the corporation did no	ot receive the prior notice.	
	mpaign Financing S AND DIREC	Trust Fund Contribution ().	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTOR
OFFICER	3 AND DIRECT	OK3.	ADDITIONS/CHANC	SES TO OFFICERS AND DIRECTOR
Title:		Delete	Title:	() Change () Addition
Name: Address:	OSBORNE, DEA 12507 NW 23RI		Name: Address:	
City-St-Zip:	PEMBROKE PIN		City-St-Zip:	
Title:	TD ()	Delete	Title:	() Change () Addition
Name:	OSBORNE, LOF		Name:	() change () / taution
Address:	12507 NW 23RI		Address:	
City-St-Zip:	PEMBROKE PIN	IES, FL 33028	City-St-Zip:	
Title:	SD ()	Delete	Title:	() Change () Addition
Name:	RUSSELL, JÓÁÍ		Name:	
Address:	12507 NW 23RI	STREET	Address:	
City-St-Zip:	PEMBROKE PIN	IES, FL 33028	City-St-Zip:	
Title:	D ()	Delete	Title:	() Change () Addition
Name:	OSBORNE, HUC	SH .	Name:	

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.

Address:

City-St-Zip:

SIGNATURE: DEAN OSBORNE PD 06/23/2009