

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S86420

FILED
May 01, 2004
Secretary of State

Entity Name: CARICOM DEVELOPMENT CORP.

Current Principal Place of Business:

% TREVOR B. CHADDERTON, CPA, P.A.
999 PONCE DE LEON BLVD. #1045
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

% TREVOR B. CHADDERTON, CPA, P.A.
999 PONCE DE LEON BLVD. #1045
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0290000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHADDERTON, TREVOR B.
OCARTIZ, GITLIN & ZOMERFELD, LLP
999 PONCE DE LEON BLVD. #1045
CORAL GABLES, FL 33134 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: D () Delete
Name: NEBHNANI, JYOTI
Address: PO BOX 836029
City-St-Zip: MIAMI, FL 332826029

Title: D (X) Delete
Name: RAM, HARIRAMANI
Address: #1 WM PETER BLVD.
City-St-Zip: ST. LUCIA, CASTRIES

Title: D (X) Delete
Name: CHUGANI, SURENDER
Address: PO BOX 836029
City-St-Zip: MIAMI, FL 332826029

Title: D (X) Delete
Name: NEBHNANI, MANOJ
Address: PO BOX 836029
City-St-Zip: MIAMI, FL 332826029

Title: D (X) Delete
Name: VASNANI, MAHESH
Address: PO BOX 836029
City-St-Zip: MIAMI, FL 332826029

Title: D (X) Delete
Name: GOKALDAS, LAL
Address: PO BOX 836029
City-St-Zip: MIAMI, FL 332826029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHUGANI, SURENDER B MR.
Address: P. O. BOX 836029
City-St-Zip: MIAMI, FL 332826029

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SURENDER B. CHUGANI

D

05/01/2004

Electronic Signature of Signing Officer or Director

Date