

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000099388

Entity Name: CARIBBEAN BLUE HEALTH CENTER CORP

Current Principal Place of Business:

285 NW 27TH AVE
17
MIAMI, FL 33125

Current Mailing Address:

285 NW 27TH AVE
17
MIAMI, FL 33125 US

FEI Number: 82-3748430

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MENA, YAQUELINE
285 NW 27TH AVE
17
MIAMI, FL 33125 US

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

Officer/Director Detail :

Title P
Name MENA, YAQUELINE
Address 235 NW 59 AVE
City-State-Zip: MIAMI FL 33125

Title VP
Name AVRAHAM, YOSEF
Address 235 NW 59 AVE
City-State-Zip: MIAMI FL 33125

I hereby 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 all other like empowered.

SIGNATURE: YAQUELINE MENA

PRESIDENT

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date