

Amended Return Year(s): _____
 If, the return for the year above was registered in error, please indicate the reason(s) for amendment in this box:



**THE COMPANIES ACT
 ANNUAL RETURN FOR COMPANIES WITH SHARES**

(Pursuant to sections 121, 122 & 124 of the Companies Act 2004)

COMPLETE THIS FORM IN BLOCK CAPITALS ONLY WITHIN THE PRESCRIBED FIELDS. PUT "N/A" IN FIELDS THAT DO NOT APPLY.

1A. NAME OF COMPANY WE WILL ROCK YOU CARIBBEAN LIMITED		The name here must be consistent with the name stated on its Certificate of Incorporation or most recent Change of Name Certificate applicable to the period of the Annual Return.

1B. TYPE OF COMPANY <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public	1C. COMPANY REGISTRATION NUMBER 11111	1D. COMPANY TAXPAYER REGISTRATION NUMBER 777-666-555
1E. COMPANY TELEPHONE NUMBER 876-911-2323	1F. EMAIL ADDRESS N/A	

2. PERIOD FOR WHICH ANNUAL RETURN IS MADE UP							
(i) START	Day	16	Month	JANUARY	Year	2016	(ii) END
	Day	15	Month	JANUARY	Year	2017	

3. LOCATION OF REGISTERED OFFICE	
Street or District	16 CROSSOVER STREET
Town	MONTEGO BAY
Post Office	MONTEGO BAY P.O. #2
Parish	ST. JAMES

3A. MAILING ADDRESS (if different from the registered office address)	
Street or District	SAME AS ABOVE
Town	
Post Office	
Parish	

4. HAS THERE BEEN A CHANGE IN THE REGISTERED OFFICE ADDRESS DURING THE PERIOD FOR WHICH THE ANNUAL RETURN IS MADE UP? (If yes, notice must be given to the Registrar using a Form 17)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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5. IS/ARE THE REGISTER OF SHAREHOLDERS/DIRECTORS' SHAREHOLDINGS/DEBENTURE HOLDINGS/DIRECTORS' SERVICE CONTRACTS LOCATED AT AN ADDRESS DIFFERENT FROM THE REGISTERED OFFICE (If yes, this information must be presented on a schedule and attached to this form)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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5A. (FOR COMPANIES LIMITED BY GUARANTEE HAVING A SHARES ONLY) HAS THERE BEEN AN INCREASE IN THE REGISTERED NUMBER OF SHAREHOLDERS? (If yes, notice must be given to the Registrar using a Form 5)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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6. PLEASE INDICATE THE TOTAL AMOUNT OF INDEBTEDNESS OF THE COMPANY, IF ANY	This information relates only to charges which are required to be filed with the Companies Office of Jamaica.
\$ N/A	

7. SUMMARY OF SHARE PARTICULARS																			
7A. AUTHORISED NUMBER OF SHARES <small>(Indicate below the maximum number of shares the company is authorised to issue)</small>	7B. CLASSES OF SHARES		7C. TOTAL NUMBER OF SHARES IN EACH CLASS																
1000	(i) ORDINARY		800																
	(ii) PREFERENCE		200																
	(iii) OTHER Specify _____																		
8. ARE THERE ANY ISSUED SHARES THAT HAVE BEEN FULLY PAID UP? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, please complete items 8A-8C. If no, you must complete items 9-9C.																			
A fully paid up share is a share for which the full issue price has been paid.																			
8A. PARTICULARS OF THE TOTAL SHARES THAT HAVE BEEN FULLY PAID UP																			
CLASS OF SHARES	(i) TOTAL NUMBER OF SHARES ISSUED AT THE BEGINNING OF THE PERIOD	(ii) TOTAL SHARES ISSUED DURING THE PERIOD	(iii) TOTAL SHARES PURCHASED/REDEEMED /SURRENDERED DURING THE PERIOD	(iv) TOTAL NUMBER OF SHARES AT THE END OF THE PERIOD															
1. ORDINARY	800	0	0	800															
2.																			
3.																			
8B. CASH FULLY PAID UP SHARE PARTICULARS		8C. NON-CASH FULLY PAID UP SHARE PARTICULARS																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">NUMBER</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">ORDINARY</td> <td style="text-align: center;">800</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	CLASS	NUMBER	ORDINARY	800					<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">NUMBER</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">N/A</td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>			CLASS	NUMBER	N/A					
CLASS	NUMBER																		
ORDINARY	800																		
CLASS	NUMBER																		
N/A																			

FOR OFFICIAL USE ONLY COMPANY #:

9. ARE THERE ANY ISSUED SHARES THAT HAVE BEEN PARTIALLY PAID UP? YES NO
 If yes, please complete items 9A-9C. If no, you must complete items 8-8C.

A partially paid up share is a share for which the full issue price has not been paid

9A. PARTICULARS OF THE TOTAL SHARES THAT HAVE BEEN PARTIALLY PAID UP

CLASS OF SHARES	(i) TOTAL NUMBER OF SHARES ISSUED AT THE BEGINNING OF THE PERIOD	(ii) TOTAL SHARES ISSUED DURING THE PERIOD	(iii) TOTAL SHARES PURCHASED/ FORFEITED/SURRENDERED DURING THE PERIOD	(iv) TOTAL NUMBER OF SHARES AT THE END OF THE PERIOD
1. N/A				
2.				
3.				

9B. CASH SHARES THAT HAVE BEEN PARTIALLY PAID UP (Shares which were or are to be paid for in cash)

CLASS OF SHARES	(i) NUMBER OF CASH SHARES PARTLY PAID UP IN CASH	(ii) AMOUNT CALLED UPON EACH SHARE	(iii) TOTAL AMOUNT RECEIVED FROM CALLS	(iv) TOTAL AMOUNT OF CALLS UNPAID
1. N/A				
2.				
3.				

9C. NON-CASH SHARES THAT HAVE BEEN PARTIALLY PAID UP (Shares which were or are to be paid for in consideration other than in cash, eg services, goods)

CLASS OF SHARES	(i) NUMBER OF NON-CASH SHARES PARTLY PAID UP	(ii) AMOUNT CALLED UPON EACH SHARE	(iii) TOTAL AMOUNT RECEIVED FROM CALLS	(iv) TOTAL AMOUNT OF CALLS UNPAID
1. N/A				
2.				
3.				

FOR OFFICIAL USE ONLY COMPANY #:

10. LIST OF INDIVIDUAL/NATURAL SHAREHOLDERS

This list shall include all shareholders holding shares during the period for which the Annual Return is made up and must reflect all changes in shareholders.
NOTE: Where shares are transferred, forfeited etc. the date of the transaction must be indicated under the relevant column next to the name of the person acquiring/disposing of the shares and the type of transaction (see key at right).
 Where shares are issued during the period, the details shall also be provided on a Return of Allotment (Form 9). This includes newly issued shares and shares re-allotted upon forfeiture.
 If "NO" is selected below then ITEM 12 MUST be completed.

KEY TO TYPES OF TRANSACTION	
N = NEW ISSUE	T = TRANSFER
TM = TRANSMISSION	F = FORFEITURE
R = REDEMPTION	P = PURCHASE
RP = REPURCHASE	
S = SURRENDERED (as a gift to the company)	

NAME (For individuals: FIRST LAST)	CLASS OF SHARES	NUMBER OF SHARES HELD AT BEGINNING OF PERIOD	CHANGES IN SHAREHOLDING DURING THE PERIOD		DATE OF TRANSACTION (dd/mm/yyyy)	TYPE OF TRANSACTION (see key above)	NUMBER OF SHARES HELD AT THE END OF THE PERIOD
			# of shares acquired ²	# of shares disposed of ³			
ANN-MARIE BROWN	O	200	0	10	05/05/2016	T	190

ADDRESS	NATIONALITY	OCCUPATION	This person is the beneficial owner of all these shares <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
14 CASSAVA LANE, MONTEGO BAY MONTEGO BAY P.O. #1, ST. JAMES, JAMAICA	JAMAICAN	SECRETARY	

NAME (For individuals: FIRST LAST)	CLASS OF SHARES	NUMBER OF SHARES HELD AT BEGINNING OF PERIOD	CHANGES IN SHAREHOLDING DURING THE PERIOD		DATE OF TRANSACTION (dd/mm/yyyy)	TYPE OF TRANSACTION (see key above)	NUMBER OF SHARES HELD AT THE END OF THE PERIOD
			# of shares acquired ²	# of shares disposed of ³			
TREMAINE MORRISON	O	0	10	0	05/05/2016	T	10

ADDRESS	NATIONALITY	OCCUPATION	This person is the beneficial owner of all these shares <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
71 GRAVY DRIVE, BLUE BAY, BLUE BAY P.O. TRELAWNY, JAMAICA	JAMAICAN	MECHANIC	

NAME (For individuals: FIRST LAST)	CLASS OF SHARES	NUMBER OF SHARES HELD AT BEGINNING OF PERIOD	CHANGES IN SHAREHOLDING DURING THE PERIOD		DATE OF TRANSACTION (dd/mm/yyyy)	TYPE OF TRANSACTION (see key above)	NUMBER OF SHARES HELD AT THE END OF THE PERIOD
			# of shares acquired ²	# of shares disposed of ³			
KEITH BROWN	O	200	0	0	N/A	N/A	200

ADDRESS	NATIONALITY	OCCUPATION	This person is the beneficial owner of all these shares <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
14 CASSAVA LANE, MONTEGO BAY MONTEGO BAY P.O. #1, ST. JAMES, JAMAICA	JAMAICAN	SOFTWARE DEVELOPER	

¹ Transmission occurs on the death of the shareholder and the shares that were held by the deceased pass on to his personal representative.
² Acquired shares are shares received by shareholders during the period for which the Annual Return is made up, usually by means of transfer or allotment
³ Disposed shares are those which no longer belong to the shareholder, usually by means of transfer, forfeiture, purchase or redemption by the company or given as gift to the company.

1 Continuation page(s) attached

11. LIST OF SHAREHOLDERS WHO ARE COMPANIES

This list shall include all companies who are shareholders holding shares during the period for which the Annual Return is made up and must reflect all changes in shareholders. **NOTE:** Where shares are transferred, forfeited etc the date of the transaction must be indicated under the relevant column next to the name of the person acquiring/disposing of the shares and the type of transaction (see key at right).

Where shares are issued during the period, the details shall also be provided on a Return of Allotment (Form 9). This includes newly issued shares and shares re-allotted upon forfeiture.

The beneficial owner of a company is the natural individual who meets one or more of the criteria as specified below.

KEY TO TYPES OF TRANSACTION

N = NEW ISSUE T = TRANSFER
 TM = TRANSMISSION F = FORFEITURE
 R = REDEMPTION P = PURCHASE
 RP = REPURCHASE
 S = SURRENDERED (as a gift to the company)

NAME OF COMPANY 1	COMPANY ADDRESS	CLASS OF SHARES	NUMBER OF SHARES HELD AT BEGINNING OF PERIOD	CHANGES IN SHAREHOLDING DURING THE		DATE OF TRANSACTION (dd/mm/yyyy)	TYPE OF TRANSACTION (see key above)	NUMBER OF SHARES HELD AT THE END OF THE PERIOD
				# of shares acquired ²	# of shares disposed of ³			
N/A								

BENEFICIAL OWNER OF COMPANY 1

NAME OF BENEFICIAL OWNER 1	ADDRESS	NATIONALITY	OCCUPATION
RELATIONSHIP TO COMPANY <input type="checkbox"/> Has more than ___% of issued shares <input type="checkbox"/> Has more than ___% of voting rights <input type="checkbox"/> Has ability to appoint or remove majority of the board of directors <input type="checkbox"/> Other _____			

NAME OF COMPANY 2	COMPANY ADDRESS	CLASS OF SHARES	NUMBER OF SHARES HELD AT BEGINNING OF PERIOD	CHANGES IN SHAREHOLDING DURING THE		DATE OF TRANSACTION (dd/mm/yyyy)	TYPE OF TRANSACTION (see key above)	NUMBER OF SHARES HELD AT THE END OF THE PERIOD
				# of shares acquired ²	# of shares disposed of ³			
N/A								

BENEFICIAL OWNER OF COMPANY 2

NAME OF BENEFICIAL OWNER	ADDRESS	NATIONALITY	OCCUPATION
RELATIONSHIP TO COMPANY <input type="checkbox"/> Has more than ___% of issued shares <input type="checkbox"/> Has more than ___% of voting rights <input type="checkbox"/> Has ability to appoint or remove majority of the board of directors <input type="checkbox"/> Other _____			

¹ Transmission occurs on the death of the shareholder and the shares that were held by the deceased pass on to his personal representative.

² Acquired shares are shares received by shareholders during the period for which the Annual Return is made up, usually by means of transfer or allotment

³ Disposed shares are those which no longer belong to the shareholder, usually by means of transfer, forfeiture, purchase or redemption by the company or given as gift to the company.

_____ Continuation page(s) attached

12. PARTICULARS WHERE INDIVIDUAL/NATURAL SHAREHOLDER(S) IS/ARE NOT THE BENEFICIAL OWNER(S) OF ALL SHARES HELD

This list shall include all beneficial owners on whose behalf shares are being held, during the period for which the Annual Return is made up and must include any changes made to any beneficial holding. Beneficial owners are natural individuals who enjoy and have a right to the benefits of ownership of the shares, e.g. the rights to dividends. The shareholder may be the beneficial owner of ALL, SOME or NONE of the shares.

NOTE: Where shares are transferred, forfeited etc the date of the transaction must be indicated under the relevant column next to the name of the person acquiring/disposing of the shares and the type of transaction (see key at right).

Where shares are issued during the period, the details shall also be provided on a Return of Allotment (Form 9). This includes newly issued shares and shares re-allotted upon forfeiture.

"If "NO" was selected at item 10 then this section must be completed.

KEY TO TYPES OF TRANSACTION

N = NEW ISSUE T = TRANSFER
 TM = TRANSMISSION F = FORFEITURE
 R = REDEMPTION P = PURCHASE
 RP = REPURCHASE
 S = SURRENDERED (as a gift to the company)

NAME OF SHAREHOLDER		THERESA BROWN								
NAME OF BENEFICIAL OWNER(S)		ADDRESS	NATIONALITY	CLASS OF SHARES	NUMBER OF SHARES HELD ON BENEFICIARY'S BEHALF AT BEGINNING OF PERIOD	CHANGES IN SHAREHOLDING DURING THE PERIOD		DATE OF TRANSACTION (dd/mm/yyyy)	TYPE OF TRANSACTION (see key above)	NUMBER OF SHARES HELD AT THE END OF THE PERIOD
						# of shares acquired ²	# of shares disposed of ³			
1A.	THERESA BROWN	14 CASSAVA LANE, MONTEGO BAY, P.O. #1 ST. JAMES, JAMAICA	JAMAICAN	O	150	0	0	N/A	N/A	150
1B.	XAVIER ALLEN	22 PACKER ROAD, KGN 8 ST. ANDREW, JAMAICA	JAMAICAN	O	50	0	0	N/A	N/A	50

NAME OF SHAREHOLDER		MARIA BROWN								
NAME OF BENEFICIAL OWNER(S)		ADDRESS	NATIONALITY	CLASS OF SHARES	NUMBER OF SHARES HELD ON BENEFICIARY'S BEHALF AT BEGINNING OF PERIOD	CHANGES IN SHAREHOLDING DURING THE PERIOD		DATE OF TRANSACTION (dd/mm/yyyy)	TYPE OF TRANSACTION (see key above)	NUMBER OF SHARES HELD AT THE END OF THE PERIOD
						# of shares acquired ²	# of shares disposed of ³			
2A.	SARA DELISSER	10 AWAY STREET, ALLTOWN, BIRMINGHAM UK, 3HF 4TV	BRITISH	O	200	0	0	N/A	N/A	200
2B.										

¹ Transmission occurs on the death of the shareholder and the shares that were held by the deceased pass on to his personal representative.

² Acquired shares are shares received by shareholders during the period for which the Annual Return is made up, usually by means of transfer or allotment

³ Disposed shares are those which no longer belong to the shareholder, usually by means of transfer, forfeiture, purchase or redemption by the company or given as gift to the company.

Continuation page(s) attached

13. HAS THERE BEEN ANY CHANGE IN DIRECTORSHIP (REMOVALS/APPOINTMENTS) DURING THE PERIOD FOR WHICH THE ANNUAL RETURN IS MADE UP? (If yes, notice must be given to the Registrar using a Form 23)

YES NO

FOR OFFICIAL USE ONLY COMPANY #:

13A. PARTICULARS OF DIRECTORS

This shall be a complete listing of all Directors as at the date of this Annual Return taking into consideration any changes (whether removals or appointments) made during the period. Directors who have been removed during this period shall be excluded from this list while those directors who have been appointed since the last annual return and are still directors must be included. Ensure that the Notices of the Appointments of all listed directors have been filed with the Companies Office of Jamaica.

DIRECTOR 1

FULL NAME	THERESA BROWN
FORMER NAME(S) (IF ANY)	N/A
FULL ADDRESS or REGISTERED OFFICE	14 CASSAVA LANE, MONTEGO BAY, MONTEGO BAY P.O.#1, ST. JAMES, JAMAICA

CURRENT NATIONALITY	JAMAICAN
NATIONALITY OF ORIGIN (if different from current)	N/A
OCCUPATION	ARTISTE

DIRECTOR 2

FULL NAME	ETHAN BARRINGTON SILVER
FORMER NAME(S) (IF ANY)	N/A
FULL ADDRESS or REGISTERED OFFICE	7 BREADFRUIT ROAD, GREEN BAY, GREEN BAY P.O. ST. THOMAS, JAMAICA

CURRENT NATIONALITY	JAMAICAN
NATIONALITY OF ORIGIN (if different from current)	N/A
OCCUPATION	MUSICIAN

DIRECTOR 3

FULL NAME	MARY MARGARET MARTIN
FORMER NAME(S) (IF ANY)	N/A
FULL ADDRESS or REGISTERED OFFICE	17 SPALDING COURT, BELTSVILLE, MARYLAND, 20000, USA

CURRENT NATIONALITY	AMERICAN
NATIONALITY OF ORIGIN (if different from current)	JAMAICAN
OCCUPATION	ACTUARY

DIRECTOR 4

FULL NAME	N/A
FORMER NAME(S) (IF ANY)	
FULL ADDRESS or REGISTERED OFFICE	

CURRENT NATIONALITY	
NATIONALITY OF ORIGIN (if different from current)	
OCCUPATION	

DIRECTOR 5			
FULL NAME	N/A		CURRENT NATIONALITY
FORMER NAME(S) (IF ANY)			NATIONALITY OF ORIGIN (if different from current)
FULL ADDRESS or REGISTERED OFFICE	STREET/DISTRICT	TOWN	
	POST OFFICE/POSTAL CODE	PARISH/COUNTY/STATE/PROVINCE	COUNTRY
DIRECTOR 6			
FULL NAME	N/A		CURRENT NATIONALITY
FORMER NAME(S) (IF ANY)			NATIONALITY OF ORIGIN (if different from current)
FULL ADDRESS or REGISTERED OFFICE	STREET/DISTRICT	TOWN	
	POST OFFICE/POSTAL CODE	PARISH/COUNTY/STATE/PROVINCE	COUNTRY
DIRECTOR 7			
FULL NAME	N/A		CURRENT NATIONALITY
FORMER NAME(S) (IF ANY)			NATIONALITY OF ORIGIN (if different from current)
FULL ADDRESS or REGISTERED OFFICE	STREET/DISTRICT	TOWN	
	POST OFFICE/POSTAL CODE	PARISH/COUNTY/STATE/PROVINCE	COUNTRY
<input type="checkbox"/> _____ Continuation page(s) attached			
14. HAS THERE BEEN ANY CHANGE OF COMPANY SECRETARY DURING THE PERIOD FOR WHICH THE ANNUAL RETURN IS MADE UP? (If yes, notice must be given to the Registrar using a Form 20) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
14B. PARTICULARS OF COMPANY SECRETARY AS AT THE DATE OF THIS ANNUAL RETURN Please ensure that the notice of appointment of the secretary has been filed with the Companies Office of Jamaica			
FULL NAME	ESTHER JANE BROWN		OCCUPATION
FULL ADDRESS or REGISTERED OFFICE	STREET/DISTRICT	TOWN	BUSINESSWOMAN
	POST OFFICE/POSTAL CODE	PARISH/COUNTY/STATE/PROVINCE	COUNTRY
	MONTEGO BAY P.O.#1	ST. JAMES	MONTEGO BAY JAMAICA

FOR OFFICIAL USE ONLY COMPANY #:

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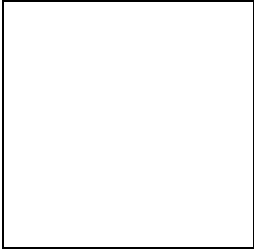
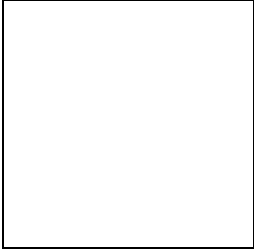
15. **PRIVATE COMPANY CERTIFICATES**

The relevant certificate is to be signed by both a duly appointed Director and the secretary of the Company. Where a director is also the Secretary he/she may not sign in both capacities.

A. **Certificate to be signed by all Private Companies**

"We certify that the Company has not since the date of the last annual return or incorporation as the case may be, issued any invitation to the Public to subscribe for any shares or debentures of the Company or to deposit money for fixed periods or payable on call whether bearing or not bearing interest. We also certify that to the best of our knowledge and belief since the above-mentioned date no person other than the holder has, except in cases provided for in the Fourteenth Schedule, had any interest in any of the Company's shares."

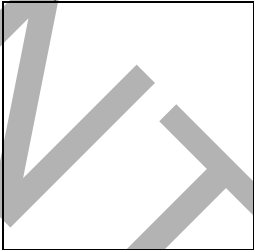
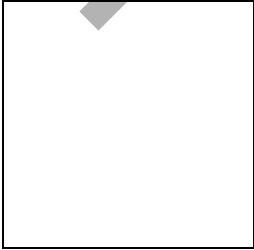
EXECUTION BY OFFICERS WHO ARE NATURAL PERSONS	THERESA BROWN <small>NAME OF INDIVIDUAL DIRECTOR</small>	T.B. <small>SIGNATURE OF INDIVIDUAL DIRECTOR</small>
	ESTHER BROWN <small>NAME OF INDIVIDUAL SECRETARY</small>	E.J. Brown <small>SIGNATURE OF INDIVIDUAL SECRETARY</small>

EXECUTION BY OFFICERS WHO ARE COMPANIES	<small>FULL COMPANY NAME OF CORPORATE DIRECTOR</small>		<small>Seal of Corporate Director</small> 
	<small>NAME OF OFFICER 1 OF CORPORATE DIRECTOR</small>	<small>SIGNATURE OF OFFICER 1 OF CORPORATE DIRECTOR</small>	
	<small>NAME OF OFFICER 2 OF CORPORATE DIRECTOR</small>	<small>SIGNATURE OF OFFICER 2 OF CORPORATE DIRECTOR</small>	
	<small>FULL COMPANY NAME OF CORPORATE SECRETARY</small>		<small>Seal of Corporate Secretary</small> 
	<small>NAME OF OFFICER 1 OF CORPORATE SECRETARY</small>	<small>SIGNATURE OF OFFICER 1 OF CORPORATE SECRETARY</small>	
	<small>NAME OF OFFICER 2 OF CORPORATE SECRETARY</small>	<small>SIGNATURE OF OFFICER 2 OF CORPORATE SECRETARY</small>	

B. **Certificate to be signed by all Private Companies**

"We certify that to the best of our knowledge and belief, no person other than the holder thereof except in cases provided for in the Twelfth Schedule has had any interest in any of the company's shares since the date of the last annual return or incorporation or in the case of an existing company which became a private company, the date on which it became a private company."

EXECUTION BY OFFICERS WHO ARE NATURAL PERSONS	THERESA BROWN <small>NAME OF INDIVIDUAL DIRECTOR</small>	T.B. <small>SIGNATURE OF INDIVIDUAL DIRECTOR</small>
	ESTHER BROWN <small>NAME OF INDIVIDUAL SECRETARY</small>	E.J. Brown <small>SIGNATURE OF INDIVIDUAL SECRETARY</small>

EXECUTION BY OFFICERS WHO ARE COMPANIES	<small>FULL COMPANY NAME OF CORPORATE DIRECTOR</small>		<small>Seal of Corporate Director</small> 
	<small>NAME OF OFFICER 1 OF CORPORATE DIRECTOR</small>	<small>SIGNATURE OF OFFICER 1 OF CORPORATE DIRECTOR</small>	
	<small>NAME OF OFFICER 2 OF CORPORATE DIRECTOR</small>	<small>SIGNATURE OF OFFICER 2 OF CORPORATE DIRECTOR</small>	
	<small>FULL COMPANY NAME OF CORPORATE SECRETARY</small>		<small>Seal of Corporate Secretary</small> 
	<small>NAME OF OFFICER 1 OF CORPORATE SECRETARY</small>	<small>SIGNATURE OF OFFICER 1 OF CORPORATE SECRETARY</small>	
	<small>NAME OF OFFICER 2 OF CORPORATE SECRETARY</small>	<small>SIGNATURE OF OFFICER 2 OF CORPORATE SECRETARY</small>	

C. Certificate to be signed by a Private Company with more than twenty shareholders

"We certify that the excess of shareholders of the Company above twenty consists wholly of persons who are in the employment of the company, and/or of persons who, having formerly in the employment of the company, were while in such employment and have continued after the determination of such employment to be, shareholders of the Company"

EXECUTION BY OFFICERS WHO ARE NATURAL PERSONS	NAME OF INDIVIDUAL DIRECTOR _____	SIGNATURE OF INDIVIDUAL DIRECTOR _____
	NAME OF INDIVIDUAL SECRETARY _____	SIGNATURE OF INDIVIDUAL SECRETARY _____

EXECUTION BY OFFICERS WHO ARE COMPANIES	FULL COMPANY NAME OF CORPORATE DIRECTOR _____		<small>Seal of Corporate Director</small>
	NAME OF OFFICER 1 OF CORPORATE DIRECTOR _____	SIGNATURE OF OFFICER 1 OF CORPORATE DIRECTOR _____	
	NAME OF OFFICER 2 OF CORPORATE DIRECTOR _____	SIGNATURE OF OFFICER 2 OF CORPORATE DIRECTOR _____	
	FULL COMPANY NAME OF CORPORATE SECRETARY _____		
	NAME OF OFFICER 1 OF CORPORATE SECRETARY _____	SIGNATURE OF OFFICER 1 OF CORPORATE SECRETARY _____	
	NAME OF OFFICER 2 OF CORPORATE SECRETARY _____	SIGNATURE OF OFFICER 2 OF CORPORATE SECRETARY _____	

D. Certificate to be signed by a Private Company without a corporate shareholder OR with a corporate shareholder not required to file Accounts.

Shall the Company be a private company not obliged to file accounts the following certificate is also required:

"We certify that to the best of our knowledge and belief, pursuant to the exception provided in the Thirteenth Schedule, no body corporate obliged to file accounts holds any shares in the Company, and that has been the position at all times since the date of the last Annual Return (or the date of incorporation for companies filing first Annual Return, or in the case of an existing company which became a private company, the date on which it became a private company)."

EXECUTION BY OFFICERS WHO ARE NATURAL PERSONS	THERESA BROWN	T.B.
	NAME OF INDIVIDUAL DIRECTOR _____	SIGNATURE OF INDIVIDUAL DIRECTOR _____
	ESTHER BROWN	E.J. Brown
	NAME OF INDIVIDUAL SECRETARY _____	SIGNATURE OF INDIVIDUAL SECRETARY _____

EXECUTION BY OFFICERS WHO ARE COMPANIES	FULL COMPANY NAME OF CORPORATE DIRECTOR _____		<small>Seal of Corporate Director</small>
	NAME OF OFFICER 1 OF CORPORATE DIRECTOR _____	SIGNATURE OF OFFICER 1 OF CORPORATE DIRECTOR _____	
	NAME OF OFFICER 2 OF CORPORATE DIRECTOR _____	SIGNATURE OF OFFICER 2 OF CORPORATE DIRECTOR _____	
	FULL COMPANY NAME OF CORPORATE SECRETARY _____		
	NAME OF OFFICER 1 OF CORPORATE SECRETARY _____	SIGNATURE OF OFFICER 1 OF CORPORATE SECRETARY _____	
	NAME OF OFFICER 2 OF CORPORATE SECRETARY _____	SIGNATURE OF OFFICER 2 OF CORPORATE SECRETARY _____	

16. DECLARATION OF ACCURACY OF PRESENTED INFORMATION

To the best of my knowledge, information and belief, I hereby certify the contents of this form to be accurate.

NAME OF DECLARANT	ESTHER BROWN	SIGNATURE OF DECLARANT	E.J. Brown
CAPACITY	<input type="checkbox"/> Director <input checked="" type="checkbox"/> Secretary <input type="checkbox"/> Authorised Official	DATE	30/01/2017

17. FILED BY
PARTICULARS OF INDIVIDUAL/COMPANY FILING THE FORM WITH THE COMPANIES OFFICE OF JAMAICA

NAME:	FILERS LIMITED (CHANTELLE ALLEN)
COMPLETE ADDRESS:	10 NEW KINGSTON, CROSSROADS, KINGSTON 5 ST. ANDREW, JAMAICA
EMAIL ADDRESS:	CALLEN@FILERS.COM
CONTACT NUMBER:	876-999-9999
FAX NUMBER	876-888-8888

18. ADDITIONAL PARTICULARS OF DIRECTORS LISTED AT ITEM 13A.

NAME OF DIRECTOR	TAXPAYER REGISTRATION NUMBER	EMAIL
THERESA BROWN	222-333-444	TBROWN@GMAIL.COM
ETHAN SILVER	333-444-555	ESILVER@YAHOO.COM
MARY MARTIN	NONE-OVERSEAS RESIDENT	MARYMARTIN@MICROSOFTLIVE.COM

19. PARTICULARS OF COMPANY SECRETARY LISTED AT ITEM 14B.

NAME OF SECRETARY	TAXPAYER REGISTRATION NUMBER	EMAIL
ESTHER BROWN	444-555-666	EJB@YAHOO.COM



THE COMPANIES ACT
ANNUAL RETURN FOR COMPANIES WITH SHARES
(Pursuant to sections 121, 122 & 124 of the Companies Act)

FORM 19A – CONTINUATION PAGE
LIST OF INDIVIDUAL/NATURAL SHAREHOLDERS

10. LIST OF INDIVIDUAL/NATURAL SHAREHOLDERS

This list shall include all **shareholders holding shares** during the period for which the Annual Return is made up and must reflect **all changes in shareholders**.
NOTE: Where shares are transferred, forfeited etc. the date of the transaction must be indicated under the relevant column next to the name of the person acquiring/disposing of the shares and the type of transaction (see key at right).
Where shares are issued during the period, the details shall also be provided on a Return of Allotment (Form 9). This includes newly issued shares and shares re-allotted upon forfeiture.
If **"NO"** is selected below then **ITEM 12 MUST** be completed.

KEY TO TYPES OF TRANSACTION
N = NEW ISSUE **T** = TRANSFER
TM = TRANSMISSION **F** = FORFEITURE
R = REDEMPTION **P** = PURCHASE
RP = REPURCHASE
S = SURRENDERED (as a gift to the company)

NAME (For individuals: FIRST LAST)	CLASS OF SHARES	NUMBER OF SHARES HELD AT BEGINNING OF PERIOD	CHANGES IN SHAREHOLDING DURING THE PERIOD		DATE OF TRANSACTION (dd/mm/yyyy)	TYPE OF TRANSACTION (see key above)	NUMBER OF SHARES HELD AT THE END OF THE PERIOD
			# of shares acquired ²	# of shares disposed of ³			
THERESA BROWN	O	200	0	0	N/A	N/A	200

ADDRESS	NATIONALITY	OCCUPATION	This person is the beneficial owner of all these shares <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
14 CASSAVA LANE, MONTEGO BAY MONTEGO BAY #1 P.O., ST. JAMES, JAMAICA	JAMAICAN	ARTISTE					

NAME (For individuals: FIRST LAST)	CLASS OF SHARES	NUMBER OF SHARES HELD AT BEGINNING OF PERIOD	CHANGES IN SHAREHOLDING DURING THE PERIOD		DATE OF TRANSACTION (dd/mm/yyyy)	TYPE OF TRANSACTION (see key above)	NUMBER OF SHARES HELD AT THE END OF THE PERIOD
			# of shares acquired ²	# of shares disposed of ³			
MARIA BROWN	O	200	0	0	N/A	N/A	200

ADDRESS	NATIONALITY	OCCUPATION	This person is the beneficial owner of all these shares <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
24 SESAME STREET, BAY VIEW, MARYLAND, 23231, USA	JAMAICAN	GRADUATE STUDENT					

NAME (For individuals: FIRST LAST)	CLASS OF SHARES	NUMBER OF SHARES HELD AT BEGINNING OF PERIOD	CHANGES IN SHAREHOLDING DURING THE PERIOD		DATE OF TRANSACTION (dd/mm/yyyy)	TYPE OF TRANSACTION (see key above)	NUMBER OF SHARES HELD AT THE END OF THE PERIOD
			# of shares acquired ²	# of shares disposed of ³			

ADDRESS	NATIONALITY	OCCUPATION	This person is the beneficial owner of all these shares <input type="checkbox"/> YES <input type="checkbox"/> NO				

¹ Transmission occurs on the death of the shareholder and the shares that were held by the deceased pass on to his personal representative.
² Acquired shares are shares received by shareholders during the period for which the Annual Return is made up, usually by means of transfer or allotment
³ Disposed shares are those which no longer belong to the shareholder, usually by means of transfer, forfeiture, purchase or redemption by the company or given as gift to the company.

FOR OFFICIAL USE ONLY COMPANY #: