

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000382

FILED  
May 02, 2006  
Secretary of State

Entity Name: AFRICAN LINK MULTICULTURAL ARTS EDUCATION CENTER INC.

**Current Principal Place of Business:**

738 NW 62 STREET  
MIAMI, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

738 NW 62 STREET  
MIAMI, FL 33150

**New Mailing Address:**

FEI Number: 02-0559081      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ISSAC, LESLIE  
738 NW 62 STREET  
MIAMI, FL 33150      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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: YOUNG, HUGO  
Address: 738 NW 62 STREET  
City-St-Zip: MIAMI, FL 33150

Title: SD      ( ) Delete  
Name: SMITH, DAMON  
Address: 738 NW 62 STREET  
City-St-Zip: MIAMI, FL 33150

Title: TD      ( ) Delete  
Name: ISSAC, LESLIE  
Address: 6217 N W 7 STREET  
City-St-Zip: MIAMI, FL 33150

Title: D      ( ) Delete  
Name: REDDICK, GERALD  
Address: 738 NW 62 STREET  
City-St-Zip: MIAMI, FL 331504332

Title: D      ( ) Delete  
Name: YOUNG, ALPHA  
Address: 755 NW 59 ST  
City-St-Zip: MIAMI, FL 33128

**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:

Title: D      (X) Change ( ) Addition  
Name: YOUNG, ALPHA  
Address: 738 NW 62 STREET  
City-St-Zip: MIAMI, FL 33150

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOGO YOUNG

D

05/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date