

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000003334  
 1. Entity Name  
 EMANCIPATION CULTURAL FEST., ONE CARIBBEAN INC.



Principal Place of Business: 8341 NW 11 STREET, PEMBROKE PINES, FL 33024  
 Mailing Address: 8341 NW 11 STREET, PEMBROKE PINES, FL 33024



03232005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. Filing Number: 36-4550025  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MARTIN, ELGETA  
 8341 NW 11 STREET  
 PEMBROKE PINES, FL 33024

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent's signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|                |                            |
|----------------|----------------------------|
| TITLE          | D                          |
| NAME           | MARTIN, ELGETA             |
| STREET ADDRESS | 8341 NW 11 STREET          |
| CITY-ST-ZIP    | PEMBROKE PINES, FL 33024   |
| TITLE          | D                          |
| NAME           | CUMBERBATCH, FRANK         |
| STREET ADDRESS | 10170 NW 10 ST             |
| CITY-ST-ZIP    | PLANTATION, FL 33322       |
| TITLE          | D                          |
| NAME           | JABOUIN, PATRICK           |
| STREET ADDRESS | 7675 NW 20 CT              |
| CITY-ST-ZIP    | SUNRISE, FL 33322          |
| TITLE          | D                          |
| NAME           | BURKE, RONALD              |
| STREET ADDRESS | 11601 NW 14 CT             |
| CITY-ST-ZIP    | PEMBROKE PINES, FL 33026   |
| TITLE          | S                          |
| NAME           | GAJUSTE, JOANNE            |
| STREET ADDRESS | 4531 NW 32 CT              |
| CITY-ST-ZIP    | LAUDERDALE LAKES, FL 33319 |
| TITLE          | T                          |
| NAME           | COMRIE, GODFREY            |
| STREET ADDRESS | 4410 NW 173 DRIVE          |
| CITY-ST-ZIP    | MIAMI, FL 33055            |

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 04/04/05-80067-016 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elgeta Martin* DATE: *May 25 2005*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR