2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006
Secretary of State

DOCUMENT# N03000003334

Entity Name: EMANCIPATION CULTURAL FEST., ONE CARIBBEAN INC.

Current Principal Place of Business:

8341 NW 11 STREET
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

8341 NW 11 STREET
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 36-4550025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, ELGETA
8341 NW 11 STREET
PEMBROKE PINES, FL 33024 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: D ( ) Delete
Name: MARTIN, ELGETA
Address: 8341 NW 11 STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: CUMBERBATCH, FRANK
Address: 10170 NW 10 ST
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete
Name: JABOUIN, PATRICK
Address: 7675 NW 20 CT
City-St-Zip: SUNRISE, FL 33322

Title: D ( ) Delete
Name: BURKE, RONALD
Address: 11601 NW 14 CT
City-St-Zip: PEMBROKE PINES, FL 33026

Title: S ( ) Delete
Name: GAJUSTE, JOANNE
Address: 4531 NW 32 CT
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: T ( ) Delete
Name: COMRIE, GODFREY
Address: 4410 NW 173 DRIVE
City-St-Zip: MIAMI, FL 33055

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: ( ) 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 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: ELGETA MARTIN D 02/20/2006

Electronic Signature of Signing Officer or Director Date