

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005423

FILED
May 01, 2005
Secretary of State

Entity Name: AFRO-CUBAN ALLIANCE, INC.

Current Principal Place of Business:

3170 SW 139 TERRACE
DAVIE, FL 33330

New Principal Place of Business:

2800 GLADES CIRCLE
150
WESTON, FL 33327

Current Mailing Address:

3170 SW 139 TERRACE
DAVIE, FL 33330

New Mailing Address:

2800 GLADES CIRCLE
150
WESTON, FL 33327

FEI Number: 20-1206666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

ARROYO, JAQUELINE H
3170 SW 139 TERRACE
DAVIE, FL 33330 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: PRES () Delete
Name: ARROYO, JAQUELINE H
Address: 3170 SW 139 TERRACE
City-St-Zip: DAVIE, FL 33330

Title: VP () Delete
Name: JENKINS, DOROTHY L
Address: 4320 NW 76TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP () Delete
Name: LEW, SALVADOR DR.
Address: 2863 SW 23RD STREET
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: ALVARADO, JUAN A
Address: 119 E. 4TH STREET, UNIT 5
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAQUELINE H. ARROYO

PRES

05/01/2005

Electronic Signature of Signing Officer or Director

_____ Date