


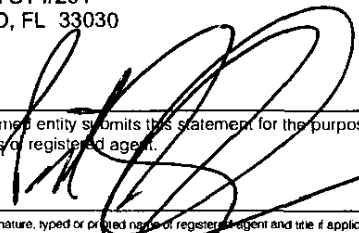
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90011 039 ****61.25

44022562



DOCUMENT # N37089					
1. Entity Name ANTIGUA AND BARBUDA ASSOCIATION OF FLORIDA, INC.					
Principal Place of Business 100 NE 15TH ST #204 HOMESTEAD, FL 33030		Mailing Address P.O. BOX 970536 MIAMI, FL 33197			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02252004 Chg-NP CR2E037 (10/03)	
Zip	Country	Zip	Country	4. FEI Number 65-1021683	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRANCIS, LEON 100 NE 15TH ST #204 HOMESTEAD, FL 33030			Name <u>Peter S. Adrien</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>7885 NW 191 Street</u>		
			City <u>Miami</u> FL Zip Code <u>33054</u>		
			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 <u>Peter Sylvester Adrien</u>			DATE <u>3/27/04</u>		
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P FRANCIS, LEON 10835 SW 157TH TERR MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEON FRANCIS 10835 SW 157TH TERRACE MIAMI FL 33157 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL, WILLIS 2240 N. SHERMAN CIR. #505 MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dawn C. SIMON 1409 Sussex Drive North Lauderdale, FL 33068 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T GARDNER, STEVE L 1150 NW 72ND AVE #760 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CASPER M. O. MANNIX 1320 NW 198 STREET Miami, FL 33169 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S BRAMBLE, BEVERLY 20130 N.W. 13TH CT MIAMI, FL 33169	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shirleen T. RICHMOND 1409 Sussex Drive North Lauderdale, FL 33068 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Leon Francis</u>			Date <u>3/27/04</u>		Daytime Phone # <u>305 247 0011</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #