



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90238 015 ****61.25

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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 224 WASHINGTON AV #5 Suite, Apt. #, etc. #5		3. Mailing Address P.O. Box 970536 Suite, Apt. #, etc. MIAMI	
City & State HOMESTEAD FL		City & State FL	
Zip 33030	Country FLORIDA	Zip 33197	Country FLORIDA
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 MANNIX, CASPER M 1320 NW 198 STREET MIAMI, FL 33169		7. Name and Address of New Registered Agent Name LEON FRANCIS Street Address (P.O. Box Number is Not Acceptable) 224 WASHINGTON AVE #5 HOMESTEAD City HOMESTEAD FL Zip Code 33030	
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>LEON FRANCIS</u>  DATE <u>4/29/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)			
Filing Fee is \$61.25 Due by May 1, 2006		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	DP FRANCIS, LEON 10835 SW 157TH TERR MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT BASCUS JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7866 KIMBERLY BLVD NORTH LAUDERDALE 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, DAWN C 521 ST MICHELE WAY MARGATE, FL 33068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KEN RICHARDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1733 NKK CT HOLLYWOOD FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MANNIX, CASPER MO 1320 NW 198 STREET MIAMI, FL 33169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEON FRANCIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10835 S.W. 157TH TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, GERALDINE 1469 SUSSEX DR MIRAMAR, FL 33068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BEVERLY BRAMBLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2030 W. 13TH CT MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 (DT)</u>		Date <u>4/29/06</u> (305) 247 0011	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	