

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37089

FILED
May 04, 2009
Secretary of State

Entity Name: ANTIGUA AND BARBUDA ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

224 WASHINGTON AVE
#5
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 970536
MIAMI, FL 33197

New Mailing Address:

FEI Number: 65-1021683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

FRANIS, LEON
224 WASHINGTON AVE
#5
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

FRANCIS, LEON
224 WASHINGTON AVE
#5
HOMESTEAD, FL 33030 US

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: LEON FRANCIS

05/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RICHARDS, KEN D
Address: 1733 N 16TH COURT
City-St-Zip: HOLLYWOOD, FL 33020

Title: DVP () Delete
Name: DREW-WOODE, JEANETTE
Address: 5530 SW 23RD STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: DT () Delete
Name: FRANCIS, LEON
Address: 10835 SW 157TH TERR
City-St-Zip: MIAMI, FL 33157

Title: DS () Delete
Name: WENDY, CALEB
Address: 15800 NW 42ND AVE
City-St-Zip: OPA LOCKA, FL 33054

Title: D (X) Delete
Name: SVMISTER, CHANIKA
Address: 15800 NW 42ND AVE
City-St-Zip: OPA LOCKA, FL 33054

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: DS (X) Change () Addition
Name: GERALDINE, BROWNE
Address: 3304 GARNET ROAD
City-St-Zip: MIRAMAR, FL 33025

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

I hereby certify that the information supplied with this filing does not qualify 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: LEON FRANCIS

DT

05/04/2009

Electronic Signature of Signing Officer or Director

Date