

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37089

**Entity Name:** ANTIGUA AND BARBUDA ASSOCIATION OF SOUTH FLORIDA  
INC

**FILED**  
**Mar 12, 2023**  
**Secretary of State**  
**4384129747CC**

**Current Principal Place of Business:**

7814 NW 1 STREET  
MARGATE, FL 33063

**Current Mailing Address:**

7814 NW 1 STREET  
MARGATE, FL 33063 US

**FEI Number: 65-1021683**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALUKA, KODJO LUCAS  
5537 W. OAKLAND PARK BLVD.  
LAUDERHILL, FL 33013 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: KODJO LUCAS ALUKA**

**03/12/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name BURLEIGH, ALAIN F  
Address 1351 SHARAR AVE  
City-State-Zip: OPA LOCKA FL 33054

Title VP, PRO  
Name BERMAN, JESSICA  
Address 633 NE 9TH AVE  
City-State-Zip: FT. LAUDERDALE FL 33304

Title DT  
Name CAINES, PATRICIA  
Address 7350 NW 18TH STREET  
City-State-Zip: MARGATE FL 33063

Title DS  
Name KING, VINCERE  
Address 7814 NW 1 STREET  
City-State-Zip: MARGATE FL 33063

Title PARLIAMENTARIAN  
Name ADRIEN, PETER ESQ.  
Address 7885 NW 191 STREET  
City-State-Zip: MIAMI FL 33015

*I hereby 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 all other like empowered.*

**SIGNATURE: PATRICIA CAINES**

**TREASURER**

**03/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date