2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004
Secretary of State

DOCUMENT# N00000001969

Entity Name: INDO CARIBBEAN FEDERATION INC. OF FL.

Current Principal Place of Business:

6689 BUENA VISTA
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 670545
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 65-1039305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAGOPAT, RAJPATTIE
6698 BUENA VISTA DRIVE
MARGATE, FL 33063 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:	D	( ) Delete
Name:	SAROJINI JOB, CAROLINE	
Address:	4900 LIGHTHOUSE CIRCLE,APT.J	
City-St-Zip:	COCONUT CREEK, FL 33067	
Title:	TD	( ) Delete
Name:	DOOKHAN, SUDARSAN	
Address:	6698 BUENA VESTA DR	
City-St-Zip:	MARGATE, FL 33063	
Title:	PT	( ) Delete
Name:	RAJPATTE, JAGOPAT	
Address:	6698 BUENA VESTA DR	
City-St-Zip:	MARGATE, FL 33063	
Title:	V	( ) Delete
Name:	RIGBIR, ROMEO	
Address:	6698 BUENA VISTA DRIVE	
City-St-Zip:	MARGATE, FL 33063	

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

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: RAJPATTE JAGOPAT MS 06/28/2004

Electronic Signature of Signing Officer or Director — Date