# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 27, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # N00000005458

1. Entity Name
INTERNATIONAL FOUNDATION OF CARIBBEAN-AMERICAN INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2880 W OAKLAND PARK BLVD, SUITE 205<br>FT LAUDERDALE, FL 33311 | 2880 W OAKLAND PARK BLVD, SUITE 205<br>FT LAUDERDALE, FL 33311 |

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08152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1073346
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, ELAINE
4960 NW 42ND ST
LAUDERDALE LAKES, FL 33319

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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 _____ DATE
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 September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000171005
08/27/04-80001-018 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | BENNETT, SANDRA |
| STREET ADDRESS | 4960 NW 42ND ST. |
| CITY-ST-ZIP | LAUDERDALE LAKES, FL 33319 |
| TITLE | D |
| NAME | PERERIA, ANGELA |
| STREET ADDRESS | 3280 SPANISH MOSS TERRACE |
| CITY-ST-ZIP | LAUDERDALE LAKES, FL 33319 |
| TITLE | D |
| NAME | SCHVIMMER, THEODORE |
| STREET ADDRESS | 7400 WILES ROAD #101, |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33067 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 asterisk, with all other like empowered.

**SIGNATURE:** _____ 8/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #