

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005458

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



Principal Place of Business
2880 W OAKLAND PARK BLVD, SUITE 205
FT LAUDERDALE, FL 33311

Mailing Address
2880 W OAKLAND PARK BLVD, SUITE 205
FT LAUDERDALE, FL 33311



04182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1073346	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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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IN THIS SPACE**

U00000320538
04/21/05-80042-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-05

954-485-0950