

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90234 008 \*\*\*\*61.25

**DOCUMENT # N02000008591**

1. Entity Name

TRINIDAD AND TOBAGO ASSOCIATION OF CENTRAL  
FLORIDA, INC.



Principal Place of Business

1823 E COLONIAL DR  
ORLANDO FL 32803

Mailing Address

1823 E COLONIAL DR  
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-0955378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHABIE, GAIL  
1823 E COLONIAL DR  
ORLANDO FL 32803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

5/1/04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
HICKS, DOYLE  
1823 E COLONIAL DR  
ORLANDO FL 32803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
SELWYN MAHABIR  
1823 E COLONIAL DR  
ORLANDO, FL 32803 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
MAHABIE, GAIL  
1823 E COLONIAL DR  
ORLANDO FL 32803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
MAHABIR, MARTIN  
1823 E COLONIAL DR  
ORLANDO, FL 32803 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
HALLS, KEVIN  
1823 E COLONIAL DR  
ORLANDO FL 32803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
HICKS, DOYLE  
1823 E COLONIAL DR  
ORLANDO, FL 32803 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
SAMARCO, JENNIFER  
1823 E COLONIAL DR  
ORLANDO FL 32803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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 address, with all other like empowered.

**SIGNATURE:** Martin Mahabir  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04

407-857-9879