2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# N02000008591

Entity Name: TRINIDAD AND TOBAGO ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1823 E COLONIAL DR
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1823 E COLONIAL DR
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 71-0955378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAHABIR, SELWYN
1823 E COLONIAL DR
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

MAHABIR, SELWYN P
1823 E COLONIAL DR
ORLANDO, FL 32803 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: SELWYN MAHABIR 01/19/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MAHABIR, SELWYN
Address: 1823 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

Title: T ( ) Delete
Name: SMITH, MILTON
Address: 1823 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

Title: V ( ) Delete
Name: HICKS, DOYLE
Address: 1823 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

Title: S ( ) Delete
Name: SAMAROO, JENNIFER
Address: 1823 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

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 Chapter 119, 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: SELWYN MAHABIR P 01/19/2006
Electronic Signature of Signing Officer or Director Date