2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008591

FILED Apr 24, 2007 Secretary of State

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

Current P	rincipal Place	of Business:	New Princ	ipal Place of Business:
	DLONIAL DR D, FL 32803			
Current M	lailing Addres	s:	New Maili	ng Address:
	DLONIAL DR D, FL 32803			
FEI Number	: 71-0955378	FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
1823 E CC	, SELWYN P DLONIAL DR D, FL 32803	US		
The above	named entity s	submits this statement for the	ourness of changing i	to registered office or registered agent, or be
	e of Florida.	submits this statement for the p	ourpose or changing i	ts registered office or registered agent, or bo
n the Stat	e of Florida. É	·		is registered office of registered agent, of bo
n the Stat	e of Florida. É	ic Signature of Registered Ag		Date
in the Stat	e of Florida. É	ic Signature of Registered Ago	ent	
in the Stati SIGNATU OFFICER Title: Name: Address:	e of Florida. RE: Electron S AND DIREC	ic Signature of Registered Ago TORS: Delete WYN IAL DR	ent	Date
in the Stati SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electron S AND DIREC P () MAHABIR, SELY 1823 E COLON ORLANDO, FL	ic Signature of Registered Ago TORS: Delete MYN IAL DR 32803 Delete I	ent ADDITION Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECT
in the Stat	e of Florida. RE: Electron S AND DIREC P () MAHABIR, SELV 1823 E COLON ORLANDO, FL T () SMITH, MILTON 1823 E COLON ORLANDO, FL	ic Signature of Registered Age TORS: Delete MYN IAL DR 32803 Delete IAL DR 32803 Delete IAL DR	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECT () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: MILTON J SMITH T 04/24/2007