

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000724

FILED
Jul 20, 2005
Secretary of State

Entity Name: INDO-CARIBBEAN CULTURAL CENTER INC.

Current Principal Place of Business:

1453 N PINE HILLS RD
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

7834 BARDMOOR HILL CIR
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 42-1528403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GOPIE, HARSODAI
7834 BARMOOR HILL CIR
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOPIE, HARSODAI
Address: 7834 BARDMOOR HILL CIR
City-St-Zip: ORLANDO, FL 32835

Title: V () Delete
Name: GOPIE, MARK
Address: 7834 BARDMOOR HILL CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOPIE, GEETA
Address: 7834 BARDMOOR HILL CIR
City-St-Zip: ORLANDO, FL 32835

Title: VP (X) Change () Addition
Name: GOPIE, MARK
Address: 7834 BARDMOOR HILL CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: S () Change (X) Addition
Name: PERSAUD, GLORY
Address: 240 LAKE DARBY PL
City-St-Zip: GOTH A, FL 34743

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GEETA GOPIE

P

07/20/2005

Electronic Signature of Signing Officer or Director

Date