## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000000724

Entity Name: INDO-CARIBBEAN CULTURAL CENTER INC.

FILED Apr 10, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1453 N PINE HILLS RD ORLANDO, FL 32835 **Current Mailing Address: New Mailing Address:** 7834 BARDMOOR HILL CIR ORLANDO, FL 32835 FEI Number: 42-1528403 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOPIE, HARSODAI 7834 BARMOOR HILL CIR ORLANDO, FL 32835 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition GOPIE, GEETA GOPIE, MARK A Name: Name: 7834 BARDMOOR HILL CIR Address: 6922 MILL BROOK PL Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: LAKE WORTH, FL 33463 Title: Title: (X) Change ( ) Addition () Delete GOPIE, MARK Name: BALDACCI, RADHA Name: Address: 7834 BARDMOOR HILL CIRCLE Address: 7512 VIA LURIA City-St-Zip: ORLANDO, FL 32835 City-St-Zip: LAKE WORT, FL 33467 Title: () Delete Title: (X) Change ( ) Addition PERSAUD, GLORY PERSAUD, DOODNAUTH Name: Name: 240 LAKE DARBY PL 240 LAKE DARBY PL Address: Address: City-St-Zip: GOTHA, FL 34743 City-St-Zip: GOTHA, FL 34743 Title: ( ) Delete Title: (X) Change ( ) Addition Name: RAMDHANI, SUEJATTIE Name: TAJRAM, GUYATRIE 1453 N PINE HILLS RD 6590 LAKE PEMBROKE PL Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: ORLANDO, FL 32808 Title: () Delete Title: ( ) Change (X) Addition PERSAUD, GLORY Name: Name: 240 LAKE DARBY PL Address: Address: City-St-Zip: City-St-Zip: GOTHA, FL 34743 Title: () Delete Title: ( ) Change (X) Addition GOPIE, HARSODAI Name: Name: Address: Address: 7834 BARDMOOR HILL CIR ORLANDO, FL 32835 City-St-Zip: 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: HARSODAI GOPIE DIR 04/10/2007