2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000001609

1. Entity Name CARIBBEAN-AMERICAN CULTURAL ASSOCIATION, INC.



FILED

May 29, 2007 8:00 am Secretary of State

05-29-2007 90040 048 ****70.00

N.A.				TEE!						
1844 E CHERYL DR		Mailing Address 1844 E CHERYL DR WINTER PARK, FL 32792			70					
2. Princinal P	face of Business - No P.O. Box #	3. Mailing Address								
		J. Hamily College			FIMBLISH THE BUILD	ikkii Basii Absil Absi	i Bailt Baibi tikin Biili	BENE IN	IIIRI ti ithi	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02202007 CI	ng-NP	CR2E037 (12	2/06)		
City & State		City & State			4. FEI Number					
Zip	Country	Zip	Country	5. Certificate of Statu		atus Desired		5 Add Require		
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	egistered Agent			
FELIX, JOHN			Name	Name						
1844 E CHERYL DR WINTER PARK, FL 32792			Street A	Street Address (P.O. Box Number is Not Acceptable)						
			City				PL	ip Cod		
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	egistered office or	registere	ed agent, or both, in	the State of Flo	rida. I am familia	er with,	and accept	
SIGNATURE .										
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signati	ure required	when reinstating)		DATE .			
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.		Trust Fund Co		<u></u>		Flori	ida Departmen	t of St	tate	
TITLE	OFFICERS AND DIF	Trust Fund Co	ontribution. 11. TITLE	SEC	Added to Fees DDITIONS/CHANG	Flori ES TO OFFICER	ida Departmen	t of St	tate	
TITLE NAME	OFFICERS AND DIF	Trust Fund Co	11. TITLE NAME	SEC BER	Added to Fees DDITIONS/CHANGI R. NICE MOO	Flori ES TO OFFICER RE	ida Departmen	of St	tate	
TITLE	OFFICERS AND DIF	Trust Fund Co	ontribution. 11. TITLE	SEC BER 480	Added to Fees DDITIONS/CHANGE R. NICE MOOI SHORT P.	Flori ES TO OFFICER RE INE CII	ida Departmen	of St	tate	
TITLE NAME STREET ADDRESS	OFFICERS AND DIF CEOP FELIX, JOHN 1844 E CHERYL DR	Trust Fund Co	11. TITLE NAME STREET ADDRESS	SEC BER 480 ORL	Added to Fees DDITIONS/CHANGE R. NICE MOOS SHORT P. ANDO, FL	Flori ES TO OFFICER RE INE CII	R .	DRS IN	tate I 10 Satadition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF CEOP FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BER 480 ORL	Added to Fees DDITIONS/CHANGE R. NICE MOOI SHORT P.	Flori ES TO OFFICER RE INE CII . 3280	ida Departmen	DRS IN	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIF CEOP FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792 COOV JAMES, OSBORNE DICSON 1610 URBANA AVE	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SEC BER 480 ORL TRE NAT 291	Added to Fees DDITIONS/CHANG R. NICE MOOI SHORT P. ANDO, FL ASURER ASHA MCKI O NEWMARI	Flori ES TO OFFICER RE INE CII . 3280 NIGHT K DR.	RS AND DIRECTO	DRS IN	tate I 10 Satadition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF CEOP FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792 COOV JAMES, OSBORNE DICSON 1610 URBANA AVE DELTONA, FL 32725	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	SEC BER 480 ORL TRE NAT 291	Added to Fees DDITIONS/CHANG R. NICE MOO! SHORT P: ANDO, FL ASURER ASHA MCKI	Flori ES TO OFFICER RE INE CII . 3280 NIGHT K DR.	R	t of St ORS IN thange	10 State Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007 OFFICERS AND DIF CEOP FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792 COOV JAMES, OSBORNE DICSON 1610 URBANA AVE DELTONA, FL 32725 S	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	SEC BER 480 ORL TRE NAT 291	Added to Fees DDITIONS/CHANG R. NICE MOOI SHORT P. ANDO, FL ASURER ASHA MCKI O NEWMARI	Flori ES TO OFFICER RE INE CII . 3280 NIGHT K DR.	R	DRS IN	tate I 10 Satadition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF CEOP FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792 COOV JAMES, OSBORNE DICSON 1610 URBANA AVE DELTONA, FL 32725	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	SEC BER 480 ORL TRE NAT 291	Added to Fees DDITIONS/CHANG R. NICE MOOI SHORT P. ANDO, FL ASURER ASHA MCKI O NEWMARI	Flori ES TO OFFICER RE INE CII . 3280 NIGHT K DR.	R	t of St ORS IN thange	10 State Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2007 OFFICERS AND DIF CEOP FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792 COOV JAMES, OSBORNE DICSON 1610 URBANA AVE DELTONA, FL 32725 S VARGAS, DORIS M	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	SEC BER 480 ORL TRE NAT 291	Added to Fees DDITIONS/CHANG R. NICE MOOI SHORT P. ANDO, FL ASURER ASHA MCKI O NEWMARI	Flori ES TO OFFICER RE INE CII . 3280 NIGHT K DR.	R	t of St ORS IN thange	10 State Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIF CEOP FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792 COOV JAMES, OSBORNE DICSON 1610 URBANA AVE DELTONA, FL 32725 S VARGAS, DORIS M 420 JASMINE RD	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	SEC BER 480 ORL TRE NAT 291	Added to Fees DDITIONS/CHANG R. NICE MOOI SHORT P. ANDO, FL ASURER ASHA MCKI O NEWMARI	Flori ES TO OFFICER RE INE CII . 3280 NIGHT K DR.	R	t of St ORS IN thange	10 State Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Due by May 1, 2007 OFFICERS AND DIF CEOP FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792 COOV JAMES, OSBORNE DICSON 1610 URBANA AVE DELTONA, FL 32725 S VARGAS, DORIS M 420 JASMINE RD CASSELBERRY, FL 32707 T VARGAS, DORIS N	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	SEC BER 480 ORL TRE NAT 291	Added to Fees DDITIONS/CHANG R. NICE MOOI SHORT P. ANDO, FL ASURER ASHA MCKI O NEWMARI	Flori ES TO OFFICER RE INE CII . 3280 NIGHT K DR.	R	Change	10 Standition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIF CEOP FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792 COOV JAMES, OSBORNE DICSON 1610 URBANA AVE DELTONA, FL 32725 S VARGAS, DORIS M 420 JASMINE RD CASSELBERRY, FL 32707 T VARGAS, DORIS N 420 JASMINE ROAD	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	SEC BER 480 ORL TRE NAT 291	Added to Fees DDITIONS/CHANG R. NICE MOOI SHORT P. ANDO, FL ASURER ASHA MCKI O NEWMARI	Flori ES TO OFFICER RE INE CII . 3280 NIGHT K DR.	R	Change	10 Standition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792 COOV JAMES, OSBORNE DICSON 1610 URBANA AVE DELTONA, FL 32725 S VARGAS, DORIS M 420 JASMINE RD CASSELBERRY, FL 32707 T VARGAS, DORIS N 420 JASMINE ROAD CASSELBERRY, FL 32707	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-S1-ZIP	SEC BER 480 ORL TRE NAT 291	Added to Fees DDITIONS/CHANG R. NICE MOOI SHORT P. ANDO, FL ASURER ASHA MCKI O NEWMARI	Flori ES TO OFFICER RE INE CII . 3280 NIGHT K DR.	R . 7 x3x	ORS IN ORS	10 Standition Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CEOP FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792 COOV JAMES, OSBORNE DICSON 1610 URBANA AVE DELTONA, FL 32725 S VARGAS, DORIS M 420 JASMINE RD CASSELBERRY, FL 32707 T VARGAS, DORIS N 420 JASMINE ROAD CASSELBERRY, FL 32707 DFS	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	SEC BER 480 ORL TRE NAT 291	Added to Fees DDITIONS/CHANG R. NICE MOOI SHORT P. ANDO, FL ASURER ASHA MCKI O NEWMARI	Flori ES TO OFFICER RE INE CII . 3280 NIGHT K DR.	R . 7 x3x	Change	10 Standition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792 COOV JAMES, OSBORNE DICSON 1610 URBANA AVE DELTONA, FL 32725 S VARGAS, DORIS M 420 JASMINE RD CASSELBERRY, FL 32707 T VARGAS, DORIS N 420 JASMINE ROAD CASSELBERRY, FL 32707	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-S1-ZIP	SEC BER 480 ORL TRE NAT 291	Added to Fees DDITIONS/CHANG R. NICE MOOI SHORT P. ANDO, FL ASURER ASHA MCKI O NEWMARI	Flori ES TO OFFICER RE INE CII . 3280 NIGHT K DR.	R . 7 x3x	ORS IN ORS	10 Standition Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME	CEOP FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792 COOV JAMES, OSBORNE DICSON 1610 URBANA AVE DELTONA, FL 32725 S VARGAS, DORIS M 420 JASMINE RD CASSELBERRY, FL 32707 T VARGAS, DORIS N 420 JASMINE ROAD CASSELBERRY, FL 32707 DFS MCKNIGHT, NATASHA F	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	SEC BER 480 ORL TRE NAT 291	Added to Fees DDITIONS/CHANG R. NICE MOOI SHORT P. ANDO, FL ASURER ASHA MCKI O NEWMARI	Flori ES TO OFFICER RE INE CII . 3280 NIGHT K DR.	R . 7 x3x	ORS IN ORS	10 Standition Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CEOP FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792 COOV JAMES, OSBORNE DICSON 1610 URBANA AVE DELTONA, FL 32725 S VARGAS, DORIS M 420 JASMINE RD CASSELBERRY, FL 32707 T VARGAS, DORIS N 420 JASMINE ROD CASSELBERRY, FL 32707 DFS MCKNIGHT, NATASHA F 2910 NEWMARK DR	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	SEC BER 480 ORL TRE NAT 291	Added to Fees DDITIONS/CHANG R. NICE MOOI SHORT P. ANDO, FL ASURER ASHA MCKI O NEWMARI	Flori ES TO OFFICER RE INE CII . 3280 NIGHT K DR.	R . 7 x3x	ORS IN ORS	10 Standition Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	CEOP FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792 COOV JAMES, OSBORNE DICSON 1610 URBANA AVE DELTONA, FL 32725 S VARGAS, DORIS M 420 JASMINE RD CASSELBERRY, FL 32707 T VARGAS, DORIS N 420 JASMINE ROD CASSELBERRY, FL 32707 DFS MCKNIGHT, NATASHA F 2910 NEWMARK DR	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	SEC BER 480 ORL TRE NAT 291	Added to Fees DDITIONS/CHANG R. NICE MOOI SHORT P. ANDO, FL ASURER ASHA MCKI O NEWMARI	Flori ES TO OFFICER RE INE CII . 3280 NIGHT K DR.	R . 7 x3x	DRS IN DRS IN thange thange thange	Date 10 Data dition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CEOP FELIX, JOHN 1844 E CHERYL DR WINTER PARK, FL 32792 COOV JAMES, OSBORNE DICSON 1610 URBANA AVE DELTONA, FL 32725 S VARGAS, DORIS M 420 JASMINE RD CASSELBERRY, FL 32707 T VARGAS, DORIS N 420 JASMINE ROD CASSELBERRY, FL 32707 DFS MCKNIGHT, NATASHA F 2910 NEWMARK DR	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	SEC BER 480 ORL TRE NAT 291	Added to Fees DDITIONS/CHANG R. NICE MOOI SHORT P. ANDO, FL ASURER ASHA MCKI O NEWMARI	Flori ES TO OFFICER RE INE CII . 3280 NIGHT K DR.	R . 7 x3x	DRS IN DRS IN thange thange thange	Date 10 Data dition Addition Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is five 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 thetreceiver or fustee 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 attactment being address—with all other like empowered.

SIGNATURE: _

ED NAME OF SIGNING OFFICER OR DIRECTOR

407 671-6285