

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007319

FILED
Apr 25, 2004
Secretary of State**Entity Name:** CARIBBEAN CULTURAL ASSOCIATION OF TAMPABAY, INC.**Current Principal Place of Business:**1311 W WATERS AVE
TAMPA, FL 33604**New Principal Place of Business:****Current Mailing Address:**10217 N 28TH
TAMPA, FL 33612**New Mailing Address:****FEI Number:** 06-1716074**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**RAMPHAL, WINSTON
10217 N 28TH STREET
TAMPA, FL, FL 33612 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: DP () Delete
Name: RAMPHAL, WINSTON
Address: 10217 N 28TH ST
City-St-Zip: TAMPA,, FL 33612

Title: DV () Delete
Name: DHANPAT, SAMDATT
Address: 3277 56 WAY NO
City-St-Zip: ST. PETERSBURG, FL 33710

Title: SEC () Delete
Name: SINGH, NANDANIE
Address: 1003 GENESSEE ST
City-St-Zip: TAMPA, FL 33603

Title: T () Delete
Name: RAMSAMOOJ, DEOKEENANAN
Address: 10207 N 28TH ST
City-St-Zip: TAMPA, FL 33612

Title: AT () Delete
Name: NARINE, SAM
Address: 9328 HUNTINGTON PARKWAY
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: PERSAUD, BANDATH
Address: 1311 BRAHMA DR
City-St-Zip: VALRICO, FL 33594

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:

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 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: WINSTON RAMPHAL

RA

04/25/2004

Electronic Signature of Signing Officer or Director

Date