

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008253

FILED
Jan 30, 2006
Secretary of State

Entity Name: MASKA CARIBBEAN CULTURAL ASSOCIATION INC.

Current Principal Place of Business:

6400 NW 24TH STREET
SUNRISE, FL 33313

New Principal Place of Business:

4160 INVERRARY DR.
SUITE 301
LAUDERHILL, FL 33319

Current Mailing Address:

6400 NW 24TH STREET
SUNRISE, FL 33313

New Mailing Address:

4160 INVERRARY DR.
SUITE 301
LAUDERHILL, FL 33319

FEI Number: 41-2132798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAGOOBARSINGH, DEVIKA
6400 NW 24TH STREET
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

RAGOOBARSINGH, DEVIKA
4160 INVERRARY DR.
LAUDERHILL, FL 33319 US

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: DEVIKA RAGOOBARSINGH

Electronic Signature of Registered Agent

01/30/2006

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAGOOBARSINGH, DEVIKA
Address: 6400 NW 24TH STREET
City-St-Zip: SUNRISE, FL 33313

Title: ST () Delete
Name: MOHAMMED, NALINI
Address: 6400 NW 24TH STREET
City-St-Zip: SUNRISE, FL 33313

Title: D () Delete
Name: HOSEIN, ANGELA
Address: 6400 NW 24TH STREET
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAGOOBARSINGH, DEVIKA
Address: 4160 INVERRARY DR.
City-St-Zip: LAUDERHILL, FL 33319

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 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: DEVIKA RAGOOBARSINGH

Electronic Signature of Signing Officer or Director

P

01/30/2006

Date