## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010959

Address:

City-St-Zip:

Entity Name: AFRO CARIBBEAN LEADERS FOUNDATION INC.

FILED Apr 30, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8325 NE 2 AVE 8325 N.E. 2 ND. AVE MIAMI, FL 33137 MIAMI, FL 33138 **Current Mailing Address: New Mailing Address:** 8325 NE 2 AVE 8325 N.E. 2 ND. AVE MIAMI, FL 33137 MIAMI, FL 33138 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FILS-AIME, WILBERT FILS-AIME, WILBERT 8325 NE 2 AVE 1951 N.E. 167 STREET MIAMI, FL 33137 19 NORTH MIAMI BEACH, FL 33162 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: WILBERT FILS-AIME 04/30/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete FILS-AIME, WILBERT FILS-AIME, WILBERT Name: Name: 8325 NE 2 AVE Address: 8325 NE 2ND. AVE Address: MIAMI, FL 33137 City-St-Zip: City-St-Zip: MIAMI, FL 33137 Title: ( ) Delete Title: CHAI (X) Change ( ) Addition JEUNE, ISLANDE A Name: Name: PHILIPPE, DEROSE Address: 8325 NE 2 AVE Address: 8325 NE 2 AVE City-St-Zip: MIAMI, FL 33137 City-St-Zip: MIAMI, FL 33137 Title: () Delete Title: V-PR (X) Change ( ) Addition DEROSSE, SUZE Name: JEUNE-FILS-AIME, ISLANDE A Name: Address: 8325 NE 2 AVE Address: 460 N.E.158 STREET City-St-Zip: MIAMI, FL 33137 City-St-Zip: NORTH MIAMI BEACH, FL 33162 Title: () Delete Title: **TRES** ( ) Change (X) Addition Name: Name: LATANIA, LEVANS M CPA 8325 NE 2ND. AVENUE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33138 Title: () Delete Title: SEC ( ) Change (X) Addition DEROSE-JEAN, SUZE Name: Name:

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.

Address:

City-St-Zip:

8325 NE 2ND. AVENUE

MIAMI, FL 33138

SIGNATURE: WILBERT FILS-AIME PRES 04/30/2004