2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010959

Apr 29, 2005 Secretary of State

Entity Name: AFRO CARIBBEAN LEADERS FOUNDATION INC.

Current Principal Place of Business: New Principal Place of Business:

8325 N.E. 2 ND. AVE MIAMI, FL 33138

Current Mailing Address: New Mailing Address:

8325 N.E. 2 ND. AVE MIAMI, FL 33138

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FILS-AIME, WILBERT 1951 N.E. 167 STREET

NORTH MIAMI BEACH, FL 33162 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Delete FILS-AIME, WILBERT Name: 8325 NE 2ND. AVE Address: City-St-Zip: MIAMI, FL 33137

Title: CHAI () Delete

PHILIPPE, DEROSE Name: Address: 8325 NE 2 AVE City-St-Zip: MIAMI, FL 33137

Title: V-PR () Delete

JEUNE-FILS-AIME, ISLANDE A Name: Address: 460 N.E.158 STREET

City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: **TRES** () Delete Name: LATANIA, LEVANS M CPA 8325 NE 2ND. AVENUE Address:

City-St-Zip: MIAMI, FL 33138

Title: SEC () Delete DEROSE-JEAN, SUZE Name:

8325 NE 2ND. AVENUE Address: City-St-Zip: MIAMI, FL 33138

(X) Change () Addition

FILS-AIME, WILBERT Name:

Address: 1951 N. E. 167 STREET SUITE 19 City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: **PRES** (X) Change () Addition

Name: ANBOISE, PIERRE-LOUIS Address: 8325 NE 2 AVE

City-St-Zip: MIAMI, FL 33137

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: SEC (X) Change () Addition

ANTOINE, LEONIE Name: 8325 NE 2ND. AVENUE Address: City-St-Zip: MIAMI, FL 33138

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: WILBERT FILS-AIME CEO 04/29/2005