


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000002997</b>		
1. Entity Name BARBADOS CULTURAL SOCIETY OF SOUTH FLORIDA, INC.		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 10 AM 8:20

Principal Place of Business 1240 NE 133 STREET NORTH MIAMI, FL 33161	Mailing Address PO BOX 245412 PEMBROKE PINES, FL 33024
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800072742468  
04/28/06--01033--021 \*\*70.00



2. Principal Place of Business 9221 Andoma DR Suite, Apt. #, etc.	3. Mailing Address PO Box 245412 Suite, Apt. #, etc.
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01092006 Chg-NP CR2E037 (11/05)

City & State Minaman, FL	City & State Pembroke Pines, FL
Zip 33025	Country Broward

4. FEI Number 20-0980028	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SELMAN, EUCLID O 1240 NE 133 STREET NORTH MIAMI, FL 33161	
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7. Name and Address of New Registered Agent Name: Sealy, Roslyn Street Address (P.O. Box Number is Not Acceptable): 9221 Andoma DR City: Minaman FL Zip Code: 33025	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Roslyn Sealy, President 3/13/06  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SELMAN, EUCLID O 1240 NE 133 STREET NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMALL, CORA 8571 JARED WAY BOCA RATON, FL 33433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLS, EDWARD 2850 NW 8TH STREET POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEALY, ROSLYN 9221 ANDMA DR MINAMAN, FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATENMAN, CHERYL 20340 NW 29 CT CANON CITY, FL 33056 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, SONIA P 20115 SW 123RD DR MIAMI, FL 33177 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sealy, Roslyn 9221 Andoma DR Minaman, FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Nicholls, Edward 2850 NW 8th Street Pompano Beach, FL 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dixon, Sonia P 20115 SW 123 Drive Miami, FL 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ernie Solomon 1520 NW 173 Street Miami, FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bannon, Heather 4829 NW 58th Avenue Coconut Creek FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fonde Solis 3515 NW 114 ave Suite 50478 Miami, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 or supplemental report is true 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 the receiver or trustee 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 attachment with an address, with all other like empowered.

SIGNATURE: Roslyn Sealy 3/13/06 954  
Signature and typed or printed name of signing officer or director Date Daytime Phone #