2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2006
Secretary of State

DOCUMENT# N04000005264

Entity Name: INTERNATIONAL CARNIVAL OF CARNIVALS FOUNDATION INC

Current Principal Place of Business:

3675 N. COUNTRY CLUB DRIVE
1107
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

1835 N.E. MIAMI GARDEN DRIVE
309
N. MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MUNOZ, EDUARDO A SR.
3675 N. COUNTRY CLUB DRIVE
1107
AVENTURA, FL 33180 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:	P	( ) Delete
Name:	MUNOZ, EDUARDO A SR.	
Address:	3675 N. COUNTRY CLUB DRIVE # 1107	
City-St-Zip:	AVENTURA, FL 33180	
Title:	VP	( ) Delete
Name:	TRACEY, PATRICIA MRS.	
Address:	8409 N. MILITARY TRAIL, SUITE 111	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	VP	( ) Delete
Name:	DE MUNOZ, EDILMA MRS.	
Address:	3675 N. COUNTRY CLUB DRIVE # 1107	
City-St-Zip:	AVENTURA, FL 33180	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: EDUARDO A. MUNOZ P 09/14/2006

Electronic Signature of Signing Officer or Director — Date