

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007771

FILED
May 02, 2005
Secretary of State

Entity Name: JAMAICA DEFENCE FORCE VETERANS' ALLIANCE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

3750 N STATE RD 7
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

6337 NW 29TH CT
SUNRISE, FL 33313

New Mailing Address:

P.O. BOX 190053
LAUDERHILL, FL 33319

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

DASHIA N. THOMAS, P.A.
9050 PINES BOULEVARD
SUITE 415
PEMBROKE PINES, FL 33024 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: DASHIA N. THOMAS, ESQ.

05/02/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCKAY, TREVOR
Address: 3750 N STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D () Delete
Name: BLAKE, LOGRIQUE
Address: 3750 N STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: PD () Delete
Name: TROWERS, ALVIN
Address: 3750 N STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: S () Delete
Name: VERNON, HENRY
Address: 3750 N STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: T (X) Delete
Name: HAMILTON, CLOVER
Address: 3750 N STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: HYMAN, FRANK
Address: 3750 N STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: TD (X) Change () Addition
Name: VERNON, CLAUDETTE
Address: 3750 N STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

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 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: ALVIN TROWERS

PD

05/02/2005

Electronic Signature of Signing Officer or Director

Date