

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011232

FILED  
Jun 29, 2005  
Secretary of State

**Entity Name:** INTERNATIONAL CENTER FOR CARIBBEAN AFFAIRS, INC.

**Current Principal Place of Business:**

775 NE 79TH STREET  
SUITE E  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

775 NE 79TH STREET  
SUITE E  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 83-0413212      **FEI Number Applied For ( )**      **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:**

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

DE LANDSHEER, PATRICK  
775 NE 79TH STREET  
SUITE E  
MIAMI, FL 33138 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:**

Title: PD ( ) Delete  
Name: DE LANDSHEER, PATRICK  
Address: 775 NE 79TH STREET SUITE E  
City-St-Zip: MIAMI, FL 33138

Title: VD ( ) Delete  
Name: CHASSAGNE, GHISLAINE  
Address: 16002 KILMARNOCK DRIVE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD ( ) Delete  
Name: CHERY, CONSTANTIN  
Address: 1570 NE 191 STREET #328  
City-St-Zip: MIAMI, FL 33179

Title: TD ( ) Delete  
Name: LEON, IRMA  
Address: 1088 NE 157TH TERRACE  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: VD ( ) Delete  
Name: DORZIN, SANDRA 2ND  
Address: 22. CALLE PADRE URENE ED. LA RESIDENCE  
City-St-Zip: GAZCUE, SANTO DOMINGO DR,

Title: SD ( ) Delete  
Name: TOUSSAINT, JAMES ASST.  
Address: 781 NE 164TH STREET  
City-St-Zip: N MIAMI BEACH, FL 33162

**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:

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: PATRICK DE LANDSHEER

PD

06/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date