2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011232

FILED Aug 30, 2008 Secretary of State

Entity Name: INTERNATIONAL CENTER FOR CARIBBEAN AFFAIRS, INC.

Current Principal Place of Business: New Principal Place of Business: 775 NE 79TH STREET 5990 NORTH BAYSHORE DRIVE SUITE E MIAMI, FL 33137 MIAMI, FL 33138 **Current Mailing Address: New Mailing Address:** 775 NE 79TH STREET 5990 NORTH BAYSHORE DRIVE SUITE E MIAMI, FL 33137 MIAMI, FL 33138 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 DE LANDSHEER, PATRICK 775 NE 79TH STREET 5990 NORTH BAYSHORE DRIVE SUITE E MIAMI, FL 33137 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: PATRICK DE LANDSHEER 08/30/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete DE LANDSHEER, PATRICK DE LANDSHEER, PATRICK Name: Name: 775 NE 79TH STREET SUITE E Address: 5990 NORTH BAYSHORE DRIVE Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip: MIAMI, FL 33137 Title: () Delete Title: () Change () Addition CHASSAGNE, GHISLAINE Name: Name: Address: 16002 KILMARNOCK DRIVE Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: Title: () Delete Title: () Change () Addition CHERY, CONSTANTIN Name: Name: 1570 NE 191 STREET #328 Address: Address: City-St-Zip: MIAMI, FL 33179 City-St-Zip: () Delete Title: TD Title: () Change () Addition LEON, IRMA Name: Name: 1088 NE 157TH TERRACE Address: Address: City-St-Zip: N MIAMI BEACH, FL 33162 City-St-Zip: Title: Title: VD () Delete () Change () Addition DORZIN, SANDRA 2ND Name: Name: 22. CALLE PADRE URENE ED. LA RESIDENCE Address: Address: City-St-Zip: GAZCUE, SANTO DOMINGO DR. City-St-Zip: Title: () Delete Title: () Change () Addition TOUSSAINT, JAMES ASST. Name: Name: Address: 781 NE 164TH STREET Address: N MIAMI BEACH, FL 33162 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PATRICK DE LANDSHEER PD 08/30/2008