2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2009
Secretary of State

DOCUMENT# N04000011232

Entity Name: INTERNATIONAL CENTER FOR CARIBBEAN AFFAIRS, INC.

Current Principal Place of Business:

5990 NORTH BAYSHORE DRIVE
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

5990 NORTH BAYSHORE DRIVE
MIAMI, FL 33137

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:

DE LANDSHEER, PATRICK
5990 NORTH BAYSHORE DRIVE
MIAMI, FL 33137 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:	PD	( ) Delete
Name:	DE LANDSHEER, PATRICK	
Address:	5990 NORTH BAYSHORE DRIVE	
City-St-Zip:	MIAMI, FL 33137	
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 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 06/27/2009

Electronic Signature of Signing Officer or Director — Date