

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011232

FILED  
May 18, 2010  
Secretary of State

**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:**

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

DE LANDSHEER, PATRICK  
5990 NORTH BAYSHORE DRIVE  
MIAMI, FL 33137 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  
**Name:** DE LANDSHEER, PATRICK  
**Address:** 5990 NORTH BAYSHORE DRIVE  
**City-St-Zip:** MIAMI, FL 33137

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

**Title:** SD  
**Name:** CHERY, CONSTANTIN  
**Address:** 8343 S.W. 29 STREET 104  
**City-St-Zip:** MIRAMAR, FL 33025

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DE LANDSHEER, PATRICK

PD

05/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date