

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001041

FILED  
May 23, 2007  
Secretary of State

Entity Name: BROWARD CARIBBEAN CARNIVAL, INC.

## Current Principal Place of Business:

1932 TYLER STREET  
C/O TELNETUS  
HOLLYWOOD, FL 33020

## New Principal Place of Business:

6175 NW 153 STREET  
C/O TELNETUS  
MIAMI LAKES, FL 33014

## Current Mailing Address:

6175 NW 153 STREET  
SUITE 328  
MIAMI LAKES, FL 33014

## New Mailing Address:

FEI Number: 20-2315089      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:

THOMPSON, DISNEY ESQ.  
5827 SHERIDAN STREET  
HOLLYWOOD, FL 33020      US

## Name and Address of New Registered Agent:

BECKFORD, JOHN NOTARY  
6175 NW 153RD STREET  
SUITE 121  
HOLLYWOOD, FL 33014 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: JOHN G. BECKFORD

05/23/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: ANSOLA, ANDY  
Address: 703 CLEVELAND STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: D      ( ) Delete  
Name: PHIPPS, LARSON  
Address: 703 CLEVELAND STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: SVPD      ( ) Delete  
Name: JAMES, GLENN  
Address: 3607 NW 14TH LANE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SD      ( ) Delete  
Name: ZAMORA, MARIO  
Address: 6175 NW 153 STREET #328  
City-St-Zip: MIAMI LAKES, FL 33014

Title: TD      ( ) Delete  
Name: BECKFORD, JOHN  
Address: 1932 TYLER STREET  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D      ( ) Delete  
Name: JACK, NICHOLAS  
Address: 4220 NW 41ST TERRACE  
City-St-Zip: LAUDERDALE LAKES, FL 33319

## 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: MARIO ZAMORA

SD

05/23/2007

Electronic Signature of Signing Officer or Director

Date