


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N05000003260</b>					
1. Entity Name CARIBBEAN AMERICAN CHAMBER OF COMMERCE OF FLORIDA, INC.					
Principal Place of Business 611 WYMORE ROAD., SUITE 202 WINTER PARK, FL 32789			Mailing Address 611 WYMORE ROAD., SUITE 202 WINTER PARK, FL 32789		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03302005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3123016				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MENDEZ, LEO 611 WYMORE ROAD., SUITE 202 WINTER PARK, FL 32789			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPENCE, PETER D PO BOX 560403 ORLANDO, FL 32856	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLONG, ANDRE 611 N WYMORE ROAD, SUITE 202 WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MENDEZ, LEO 611 WYMORE ROAD., SUITE 202 WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALI, HAIDAR 1080 WOODCOCK ROAD SUITE 200 ORLANDO, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLONG, ANDRE 611 WYMORE ROAD., SUITE 202 WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERIFF, MARY ANN 3877 AVALON PARK BOULEVARD EAST ORLANDO, FL 32828	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERIFF, MARY ANN 3877 AVALON PARK BOULEVARD EAST ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SINGH, CAROL 611 N WYMORE ROAD, SUITE 202 WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHLEY-JONES, BARBARA 1207 SHOW DRIVE ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKSH, MUSTAPHA 8129 GRANADA BLVD ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>André Allong</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			PRESIDENT ANDRÉ ALLONG 4/27/05 407-647-5608 Date Daytime Phone #		

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D, Bourne, Gerald  
221 West Longcreek Cove  
Longwood, FL 32750

D, Brown, Marjorie  
4809 Telleson Place  
Orlando, FL 32812

D, Chung, Karl  
455 Douglas Ave, Suite 2255D  
Altamonte Springs, FL 32714

D, De Govia, Anne Marie  
P.O. Box 161991  
Orlando, FL 32816-1991

D, Munro, John  
1720 Lee Road  
Winter Park, FL 32789

D, Mendez, Leo  
611 N Wymore Road, Suite 202  
Winter Park, FL 32789

D, Spence, Peter  
P.O. Box 560403  
Orlando, FL 32856

D, Dorcean, Michel  
2250 Lee Road, Suite 202  
Winter Park, FL 32789

D, Abass Jameer  
4000 Millenia Boulevard  
Orlando, FL 32839-2426

D, Diyaljee Wayne  
1029 South Dillard Street  
Winter Garden, FL 34787