

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003260

FILED
Mar 02, 2007
Secretary of State

Entity Name: CARIBBEAN AMERICAN CHAMBER OF COMMERCE OF FLORIDA, INC.

Current Principal Place of Business:

611 WYMORE ROAD., SUITE 202
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

611 WYMORE ROAD., SUITE 202
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3123016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLONG, ANDRE
611 WYMORE ROAD., SUITE 202
WINTER PARK, FL 32789 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: S () Delete
Name: KIRTON, WESLEY
Address: 611 N. WYMORE ROAD., SUITE 202
City-St-Zip: WINTER PARK, FL 32789

Title: P () Delete
Name: ALLONG, ANDRE
Address: 611 N. WYMORE ROAD., SUITE 202
City-St-Zip: WINTER PARK, FL 32789

Title: V () Delete
Name: ALI, HAIDAR
Address: 1080 WOODCOCK ROAD., SUITE 200
City-St-Zip: ORLANDO, FL 32803

Title: T () Delete
Name: SHERIFF, MARY ANN
Address: 3877 AVALON PARK BOULEVARD EAST
City-St-Zip: ORLANDO, FL 32828

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY ANN SHERIFF

TREA

03/02/2007

Electronic Signature of Signing Officer or Director

Date