2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004556

FILED May 01, 2008 Secretary of State

Entity Name: JAMAICA CRICKET ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:		New Principal Place of Business:
PO BOX 49 FT LAUDE	90704 RDALE, FL 33349	6710 SW 26 CT MIRAMAR, FL 33023
Current Mailing Address:		New Mailing Address:
PO BOX 49 FT LAUDE	90704 RDALE, FL 33349	
FEI Number: 56-2507928 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:		
ivaille allu	Address of Current Registered Agent.	Name and Address of New Registered Agent.
HARRIS, TREVOR P 5316 NW 18 ST #4 LAUDERHILL, FL 33313 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	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () Delete GREEN, STAN 6710 SW 26 CT MIRAMAR, FL 33023	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete HARRIS, TREVOR P 5316 NW 18 ST #4 LAUDERHILL, FL 33313	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete SMITH, PHILMORE 5014 W PARK RD HOLLYWOOD, FL 33021	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete TAYLOR, SILVAN 7929 EMBASSY BLVD MIRAMAR, FL 33023	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete JONES, ALVIN 7833 OLEANS STREET MIRAMAR, FL 33023	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: TREVOR P. HARRIS D 05/01/2008