## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000003579

FILED Apr 30, 2008 Secretary of State

Entity Name: SOUTH FLORIDA ORGANIZATION OF CARIBBEAN ARTS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 7456 PARKSIDE LANE MARGATE, FL 33063 **Current Mailing Address: New Mailing Address:** 7456 PARKSIDE LANE MARGATE, FL 33063 FEI Number: 65-1284879 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRIS, MERVIN P 7456 PARKSIDE LANE US MARGATE, FL 33063 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HARRIS, MERVIN Name: Name: 7456 PARKSIDE LANE Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: Title: () Delete Title: VΡ (X) Change ( ) Addition JACKSON, ROSALIE Name: NEYRA, ALDO Name: Address: 4882 SW 159TH AVE. Address: 13827 SW 15TH TER. City-St-Zip: MIRAMAR, FL 33027 City-St-Zip: MIAMI, FL 33184 Title: () Delete Title: (X) Change ( ) Addition ESTELHOMME, VALERIE ESTELHOMME, VALERIE Name: Name: 3030 NW 68TH ST #102 Address: Address: 2237 TAFT ST City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: HOLLYWOOD, FL 33020 Title: DIR ( ) Delete Title: DIR (X) Change ( ) Addition Name: JOHNSON, CLEVE Name: JOHNSON, CLEVE 10901 NW 29 MANOR 7800 NW 44TH CT Address: Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: LAUDERHILL, FL 33351 Title: DIR () Delete Title: (X) Change ( ) Addition SAMAROO, ADRIAN JACKSON, ROSALIE Name: Name: 10901 NW 29 MANOR 4882 SW 159TH AVE. Address: Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: MIRAMAR, FL 33027

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: MERVIN HARRIS P 04/30/2008