

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06311

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** WEST INDIAN-AMERICAN DAY CARNIVAL ASSOCIATION OF GREATER MIAMI, INC.

**Current Principal Place of Business:**

1951 N.W. 85TH WAY  
PEMBROKE PINES, FL 330243443

**New Principal Place of Business:**

**Current Mailing Address:**

1951 N.W. 85TH WAY  
PEMBROKE PINES, FL 330243443

**New Mailing Address:**

**FEI Number:** 59-2468750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, ALDWYN C  
1951 N.W. 85 WAY  
PEMBROKE PINES, FL 330243443 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: PD ( ) Delete  
Name: THOMAS, ALDWYN C  
Address: 1951 N.W. 85TH WAY  
City-St-Zip: PEMBROKE PINES, FL 330243443

Title: SD ( ) Delete  
Name: GREGOIRE, MARLENE  
Address: 17705 NW 55TH COURT  
City-St-Zip: MIAMI, FL 33055

Title: VD ( ) Delete  
Name: THOMAS, TAMESHA L  
Address: 1951 N.W. 85TH WAY  
City-St-Zip: PEMBROKE PINES, FL 330243443

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALDWYN C THOMAS

PD

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date