2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007
Secretary of State

DOCUMENT# N06311

Entity Name: WEST INDIAN-AMERICAN DAY CARNIVAL ASSOCIATION OFGREATER 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 ( )**
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:

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: VD (X) Change ( ) Addition
Name: THOMAS, KAMILAH B
Address: 1951 N.W. 85TH WAY
City-St-Zip: PEMBROKE PINES, FL 330243443

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: ALDWYN THOMAS P 05/29/2007

Electronic Signature of Signing Officer or Director — Date