2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
03-21-2008 90019 003 ****70.00

DOCUMENT # N07000008922

1. Entity Name
TRINIDAD & TOBAGO CULTURAL ASSOCIATION INC.

66005937

Principal Place of Business	Mailing Address
12100 S.W. 112TH AVENUE MIAMI, FL 33176	12100 S.W. 112TH AVENUE MIAMI, FL 33176

03182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 11-3821518 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANTONI, GREGORY R 12100 S.W. 112TH AVE., MIAMI, FL 33176	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES ANTONI, GREGORY R 12100 S.W. 112TH AVE., MIAMI, FL 33176	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 03-15-08 305-233-0697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 660059377 #1070000008922

Employer Identification Number (EIN) Cover Sheet

Internal Revenue Service

Date: September 11, 2007

No. of pages *(including this one)*:

Brookhaven IRS Campus - EIN Department

FAX: 1-631-447-8960 Phone: 1-800-829-4933

To	From
GREGORY ANTONI	Tax Examiner 0133228189 Team 106
FAX: 413-473-9206	Phone:

ATTENTION

Name of Entity: TRINIDAD & TOBAGO CULTURAL ASSOCIATION

EIN: 11-3821518

Name of Entity:

EIN:

Name of Entity:

EIN:

☐ Please see the following letter regarding missing or incorrect information on your Form SS-4, Application for a Federal Employer Identification Number (EIN).