## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000010384

FILED Apr 30, 2009 Secretary of State

Entity Name: CARIBBEAN AMERICAN CULTURAL SOCIETY, INC.

Principal Place of Business:	New Principal Place of Business:	
BROWARD BLVD. TION, FL 33317		
Nailing Address:	New Mailing Addres	ss:
BROWARD BLVD. TION, FL 33317		
r: FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )
d Address of Current Registered Agent:	Name and Address	of New Registered Agent:
ASE, MAHABIR 27TH PL. ;, FL 33322 US		
e named entity submits this statement for the e of Florida.	e purpose of changing its registere	ed office or registered agent, or both,
RE:		
Electronic Signature of Registered A	gent	Date
S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR
D () Delete SOHAN, BURT 186 NW 108TH AVE. CORAL SPRINGS, FL 33071	Title: Name: Address: City-St-Zip:	() Change () Addition
D ( ) Delete		
D ( ) Delete MAHABIR, RAMNARASE 8750 NW 27TH PL. SUNRISE, FL 33322	Title: Name: Address: City-St-Zip:	()Change ()Addition
MAHABIR, RAMNARASE 8750 NW 27TH PL.	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition
	Mailing Address: BROWARD BLVD. FION, FL 33317  FEI Number Applied For ( )  d Address of Current Registered Agent: ASE, MAHABIR 27TH PL. , FL 33322 US  e named entity submits this statement for the e of Florida.  RE:  Electronic Signature of Registered A  S AND DIRECTORS:  D () Delete SOHAN, BURT 186 NW 108TH AVE.	Mailing Address:  ROWARD BLVD. FION, FL 33317  THE FEI Number Applied For ( ) FEI Number Not Applicable (X)  Address of Current Registered Agent:  Name and Address of Agent:  ASE, MAHABIR 27TH PL.  The FL 33322 US  The named entity submits this statement for the purpose of changing its registered of Florida.  RE:  Electronic Signature of Registered Agent  S AND DIRECTORS:  ADDITIONS/CHANGRED SOHAN, BURT  Title:  Name:

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: MAHABIR RAMNARASE PRES 04/30/2009