


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90238 015 ****61.25

DOCUMENT # N37089 1. Entity Name ANTIGUA AND BARBUDA ASSOCIATION OF FLORIDA, INC.					
Principal Place of Business 100 NE 15TH ST #204 HOMESTEAD, FL 33030			Mailing Address P.O. BOX 970536 MIAMI, FL 33197		
2. Principal Place of Business 224 WASHINGTON AV #5		3. Mailing Address P.O. BOX 970536			
Suite, Apt. #, etc. #5		Suite, Apt. #, etc. MIAMI			
City & State HOMESTEAD FL		City & State FL		4. FEI Number 65-1021683	
Zip 33030		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANNIX, CASPER M 1320 NW 198 STREET MIAMI, FL 33169		7. Name and Address of New Registered Agent Name LEON FRANCIS Street Address (P.O. Box Number is Not Acceptable) 224 WASHINGTON AVE #5 HOMESTEAD City HOMESTEAD FL Zip Code 33030			
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 <u>LEON FRANCIS</u> <u>LEF</u> <u>4/29/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP FRANCIS, LEON 10835 SW 157TH TERR MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT BASCUS JR 7866 KIMBERLY BLVD NORTH LAUDERDALE 33068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, DAWN C 521 ST MICHELE WAY MARGATE, FL 33068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KEN RICHARDS 1733 NKK CT HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MANNIX, CASPER MO 1320 NW 198 STREET MIAMI, FL 33169	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEON FRANCIS 10835 S.W. 157TH TERRACE MIAMI, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, GERALDINE 1469 SUSSEX DR MIRAMAR, FL 33068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BEVERLY BRAMBLE 2430 N.W. 13TH CT MIAMI, FL 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: LEON FRANCIS (DT) 4/29/06 (305) 247 0011 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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