


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N37089 1. Entity Name ANTIGUA AND BARBUDA ASSOCIATION OF FLORIDA, INC.	
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Principal Place of Business 224 WASHINGTON AVE #5 HOMESTEAD, FL 33030	Mailing Address P.O. BOX 970536 MIAMI, FL 33197
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1021683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRANIS, LEON 224 WASHINGTON AVE #5 HOMESTEAD, FL 33030
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BASCUS, JR, ROBERT 7866 KIMBERLY BLVD NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT RICHARDS, KEN 1733 M L K CT HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT FRANCIS, LEON 10835 SW 157TH TERR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS Bramele, Beverly 20130 NW 13TH CT MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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05/17/07-80082-008 61.25

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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: <i>Leon B Francis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>4/26/07</i> Date	<i>305 247 0011</i> Daytime Phone #
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