


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90057 036 ****61.25

DOCUMENT # N37089					
1. Entity Name ANTIGUA AND BARBUDA ASSOCIATION OF FLORIDA, INC.					
Principal Place of Business 224 WASHINGTON AVE #5 HOMESTEAD, FL 33030		Mailing Address P.O. BOX 970536 MIAMI, FL 33197			
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 65-1021683	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
FRANIS, LEON 224 WASHINGTON AVE #5 HOMESTEAD, FL 33030				7. Name and Address of New Registered Agent	
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASCUS, JR, ROBERT		NAME	KEN D. RICHARDS	
STREET ADDRESS	7866 KIMBERLY BLVD		STREET ADDRESS	1733 N 16TH CT	
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068		CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, KEN		NAME	JEANNETTE DREW-WOODS	
STREET ADDRESS	1733 M L K CT		STREET ADDRESS	5530 SW 23RD STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP	WEST PARK FL 33023	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, LEON		NAME		
STREET ADDRESS	10835 SW 157TH TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	D.S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMELE, BEVERLY		NAME	WENDEY CALEB	
STREET ADDRESS	20130 NW 13TH CT		STREET ADDRESS	15800 NW 42ND AVE	
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP	MIAMI GARDENS FL 33054	
TITLE	PRO - D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANICKA SYMISTER		NAME		
STREET ADDRESS	15800 NW 42ND AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI GARDENS FL 33054		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Leon JFP LEON FRANCIS</u>		Date: <u>2/8/08</u> (305) 247-0011			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			