


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90109 039 ****70.00

DOCUMENT # N46379 1. Entity Name CARIBBEAN AND FLORIDIAN ASSOCIATION INC.					
Principal Place of Business 3401 PINERIDGE CIRCLE KISSIMMEE, FL 34746			Mailing Address P. O. BOX 450786 KISSIMMEE, FL 34743		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3131979	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHAW, CASMORE A 3401 PINERIDGE CIRCLE KISSIMMEE, FL 34746				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
SIGNATURE <u><i>Coralie Cummings</i></u> (CORALIE CUMMINGS) <u>2-25-06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				10. Filing Fee is \$61.25 Due by May 1, 2006	
11. Make check payable to Florida Department of State				\$5.00 May Be Added to Fees	
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><i>Coralie Cummings</i></u> (CORALIE CUMMINGS) <u>2-25-06</u> <u>4078561113</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					