2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State
02-27-2008 90003 012 ****70.00

DOCUMENT # N46379

1. Entity Name
CARIBBEAN AND FLORIDIAN ASSOCIATION INC.

Principal Place of Business	Mailing Address
3401 PINERIDGE CIRCLE KISSIMMEE, FL 34746	P. O. BOX 450786 KISSIMMEE, FL 34743

01272008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2346 ALBION AVE	P.O. BOX 450786
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FLORIDA	City & State: KISSIMMEE FL.
Zip: 32833 Country:	Zip: 34743 Country:

4. FEI Number: 59-3131979 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAW, CASMORE A 3401 PINERIDGE CIRCLE KISSIMMEE, FL 34746	Name: ROBERTS EUNICE Street Address (P.O. Box Number is Not Acceptable): 2346 ALBION AVE. ORLANDO City: FL Zip Code: 32833

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: Eunice Roberts EUNICE V. ROBERTS 2/22/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P SHAW, CASMORE A 3401 PINERIDGE CIRCLE KISSIMMEE, FL 34746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. ROBERTS, EUNICE 2346 ALBION AVE ORLANDO, FL. 32833	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROBERTS, EUNICE 2346 ALBION AVE ORLANDO, FL 32833	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP. MURRELL, VERONICA 755 LEONARDO CT. KISSIMMEE FL. 34758	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MURRELL, VERONICA 755 LEONARDO CT KISSIMMEE, FL 34758	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD. THELMA TOUSSAINT 3220 FAIRFIELD DRIVE KISSIMMEE. FL, 34743	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CUMMINGS, CORALIE 2109 PAPRIKA DRIVE ORLANDO, FL 32837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. ROBINSON WILFON 7941 GOLDEN POND CIRCLE KISSIMMEE, FL. 34747	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CADOGAN, LENNA 2357 OLDFIELD DR ORLANDO, FL 32837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CADOGAN LENNA 235 OLD FIELD DR ORLANDO, FL 32837	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST CORBIN, DEBRA 13621 BAYVIEW ISLE DR, APT 209 ORLANDO, FL 32824	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst.T. URLA KING 12467 BEACONTREE DR. ORLANDO, FL. 32837	☒ Change ☐ 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: Wilfon Robinson Wilfon Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #