

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46850

FILED
May 03, 2006
Secretary of State

Entity Name: AFRICAN CARIBBEAN AMERICAN PERFORMING ARTISTS, INC. (ACAPAI)

Current Principal Place of Business:

585 NW 94 STREET
MIAMI, FL 33150 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 014846
MIAMI, FL 33101 US

New Mailing Address:

FEI Number: 65-0312577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTS, PATRICIA
585 NW 94TH ST
MIAMI, FL 33150 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete

Name: FAULKS, ZANDRA

Address: 2281 SHERMAN CIR S, APT B-511

City-St-Zip: MIRAMAR, FL 33025

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: DSI () Delete

Name: ROBERTS, PATRICIA

Address: 585 NW 94 ST

City-St-Zip: MIAMI, FL 33150

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: T () Delete

Name: ROBERTS, GLEN

Address: 16405 NW 25 AVENUE

City-St-Zip: MIAMI, FL 33055

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: P () Delete

Name: MORRIS, ELLA

Address: 3950 NW 194 ST

City-St-Zip: MIAMI, FL 33055

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: VP () Delete

Name: SAINTDOR, EMANIE

Address: 670 NE 86 STREET, APT. 118

City-St-Zip: MIAMI, FL 33138

Title: () Change () Addition

Name:

Address:

City-St-Zip:

Title: T () Delete

Name: ROBERTS, AQUIL

Address: 585 NW 94 STREET

City-St-Zip: MIAMI, FL 33150

Title: () Change () Addition

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA ROBERTS

DSI

05/03/2006

Electronic Signature of Signing Officer or Director

Date