

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46850

FILED
May 17, 2009
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: 1280 SW 101 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: SEC () Delete
Name: ROBERTS, AKILA
Address: 585 NW 94 ST
City-St-Zip: MIAMI, FL 33150

Title: TREA () Delete
Name: ROBERTS, AQUIL
Address: 585 NW 94 ST
City-St-Zip: MIAMI, FL 33055

Title: P () Delete
Name: MORRIS, ELLA
Address: 3950 NW 194 ST
City-St-Zip: MIAMI, FL 33055

Title: T () Delete
Name: ROBERTS, ASHANI
Address: 585 NW 94 STREET
City-St-Zip: MIAMI, FL 33150

Title: VP () Delete
Name: NORGUES, HERVE
Address: 1350 NE 128 ST, APT. 8
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: NORGUES, HERVE
Address: 2426 NE 188 STREET
City-St-Zip: AVENTURA, FL 33180

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

EXDR

05/17/2009

Electronic Signature of Signing Officer or Director

Date