

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46850

**FILED**  
**Apr 29, 2012**  
**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)**

**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: SEC  
Name: ROBERTS, AKILA  
Address: 585 NW 94 ST  
City-St-Zip: MIAMI, FL 33150 US

Title: T  
Name: ROBERTS, AQUIL  
Address: 585 NW 94 ST  
City-St-Zip: MIAMI, FL 33055 US

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

Title: TREA  
Name: ROBERTS, ASHANI  
Address: 585 NW 94 STREET  
City-St-Zip: MIAMI, FL 33150 US

Title: VP  
Name: NORGUES, HERVE  
Address: 2426 NE 188 STREET  
City-St-Zip: AVENTURA, FL 33180 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA ROBERTS

EX.D

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date