

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001747

FILED
May 23, 2008
Secretary of State

Entity Name: AMERICAN BI-CULTURAL TRANSCULTURAL ASSOCIATION INC.

Current Principal Place of Business:

1785 NW 179TH STREET
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

19740 N.W. 7TH AVENUE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0406512 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

OLLIVIER, OSWALD
19740 N.W. 7TH AVENUE
MIAMI, FL 33169 US

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: D () Delete
Name: OLLIVIER, OSWALD
Address: 19740 NW 7TH AVE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: MAHABEE, JENNIFER
Address: 19740 NW 7TH AVE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: OLLIVIER, SIAN
Address: 19740 NW 7 AVE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: OLLIVIER, RUTH
Address: 19740 NW 7 AVE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: OLLIVIER, JAMIL
Address: 19740 NW F AVE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: OLLIVIER, SHANTI RUTH
Address: 1785 NW 179ST
City-St-Zip: MIAMI, FL 33056

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: () 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: SHANTI OLLIVIER

D

05/23/2008

Electronic Signature of Signing Officer or Director

Date