2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
05-02-2005 90448 004 ****61.25

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1. Entity Name
MIAMI CARNIVAL BANDLEADERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
1390 NW 200 STREET MIAMI, FL 33169	1390 NW 200 STREET MIAMI, FL 33169

66021269

04252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0679089
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LIMERE, ALLISON
1390 N.W. 200 STREET
MIAMI, FL 33169

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIMERE, ALLISON
STREET ADDRESS	1390 NW 200 STREET
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	SD
NAME	MONTES; CARL
STREET ADDRESS	5138 NW 194 LN
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	TD
NAME	ROBERTS, PATRICIA
STREET ADDRESS	585 NW 94TH STREET
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	PRTD
NAME	CHARLES, WAVENEY
STREET ADDRESS	590 NE 160 STREET
CITY-ST-ZIP	N MIAMI, FL 33162
TITLE	TD
NAME	BROOKS, VERNON
STREET ADDRESS	10455 SW 148 TERRACE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Allison Limere 6-1-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #