


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2005 08:00 AM  
Secretary of State

DOCUMENT # N98000002697 1. Entity Name CARIBBEAN AMERICAN NATIONAL FOUNDATION OF FLORIDA, INC.	
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Principal Place of Business 5651 SW 2ND ST PLANTATION, FL 33317	Mailing Address PO BOX 16802 PLANTATION, FL 33317
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04192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0863948	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GORDON, JAMES A 7935 NW 10 ST PLANTATION, FL 33322
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000326515 04/23/05-80058-021-61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DAVIS, JAMES 6748 RED REEF ST LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVP HINDS, VIV 2545 GOMAZ WAY S SAINT PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GORDON, JAMES A 5651 SW 2ND ST PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORDON, LORNA 4750 NW 10 CT PLANTATION, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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)(f), 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: James A Gordon JAMES A GORDON 4/20/05 954822-9724  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #