2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004888

Entity Name: CARIBBEAN CULTURAL CONNECTIONS, INC.

FILED May 01, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	ST LAKE DRIV	Ē		·		
Current Mailing Address:				New Mailing Address:		
PO BOX 17 HIALEAH, I		S		PO BOX 170107 HIALEAH, FL 33017	US	
FEI Number:	65-0942047	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SINGH, ANITA C 19112 WEST LAKE DRIVE HIALEAH, FL 33015 US				SINGH, ANITA C 19112 WEST LAKE DRIVE MIAMI, FL 33015 US		
The above in the State	named entity su of Florida.	ubmits this statement for the pu	rpose of	f changing its registered	office or registered agent, or both,	
SIGNATURE: ANITA C SINGH					05/01/2004	
	Electronic	Signature of Registered Agen	t		Date	
OFFICERS	S AND DIRECT	ORS:		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	EXD () E SINGH, ANITA C 19112 WEST LA HIALEAH, FL 33			Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST ()E RAMLAL, PRANE 7601 E. TREASU MIAMI, FL 3314	RE DR.		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E COLLINS, FRANI 14470 SW 1518 MIAMI, FL 33186	ST TERRACE		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:				Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () [COHEN, HOLLY 1380 MIAMI GAR MIAMI, FL	Delete DENS DR. #225		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () [C. SINGH, SHAR 19112 WEST LA HIALEAH, FL 33	KE DRIVE		Title: (Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANITA C SINGH EXD 05/01/2004