

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004888

FILED
Apr 29, 2008
Secretary of State

Entity Name: CARIBBEAN CULTURAL CONNECTIONS, INC.

Current Principal Place of Business:

19112 WEST LAKE DRIVE
HIALEAH, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 170107
HIALEAH, FL 33017 US

New Mailing Address:

19112 WEST LAKE DRIVE
HIALEAH, FL 33015 US

FEI Number: 65-0942047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C. SINGH, ANITA MRS.
19112 WEST LAKE DRIVE
MIAMI, FL 33015 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: PD () Delete
Name: SINGH, CHANDRADATH MR.
Address: 19112 WEST LAKE DRIVE
City-St-Zip: HIALEAH, FL 33015

Title: DST () Delete
Name: RAMLAL, PRANDAYE B MRS.
Address: 2534 LINCOLN STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: COLLINS, FRANK MR.
Address: 14470 SW 151ST TERRACE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: RAMLAL, HEMA MRS.
Address: 2534 LINCOLN STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: COHEN, HOLLY MRS.
Address: 1380 MIAMI GARDENS DR. #225
City-St-Zip: MIAMI, FL 33179

Title: EXD () Delete
Name: C. SINGH, ANITA MRS.
Address: 19112 WEST LAKE DRIVE
City-St-Zip: HIALEAH, FL 33015

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: D (X) Change () Addition
Name: RAMLAL, HEMA MRS.
Address: 6651 MCKINLEY STREET
City-St-Zip: HOLLYWOOD, FL 33024

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: ANITA C. SINGH

EXD

04/29/2008

Electronic Signature of Signing Officer or Director

Date