


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N99000007075 |  |
| 1. Entity Name CARIBBEAN CULTURAL COALITION, INCORPORATED | |

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| Principal Place of Business P.O BOX 491455 LAUDERDALE LAKES LAUDERDALE, FL 33349 | Mailing Address P.O BOX 491455 LAUDERDALE LAKES LAUDERDALE, FL 33349 |
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02202005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 65-0969477 | Applied For Not Applicable |
| 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 CUMBERBATCH, DELBERT F 10170 NW 10 STREET PLANTATION, FL 33322 |
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JABOUIN, PATRICK 7675 NW 20TH COURT FORT LAUDERDALE, FL 33322 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP POPE, MICHELLE 120 NE 11 STREET FORT LAUDERDALE, FL 33304 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALEXIS, GABRIELLE 1640 WEST OAKLAND PARK BLVD FORT LAUDERDALE, FL 33310 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARMSTRONG, IVY 911 SW 87TH AVE HOLLYWOOD, FL 33025 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CUMBERBATCH, DELBERT F 10170 BW 10 STREET PLANTATION, FL 33313 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JABOUIN, JEAN R JR. 2412 N. STATE RD 7 LAUDERDALE LAKES, FL 33313 |

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03/14/05-80003-013 61.25

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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: <i>Debert F Cumberbatch President Patrick Jabouin 3/12/05</i> | <i>(954) 718-8889</i> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date Daytime Phone #</small> |