

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

1 of 2

FILED

06 JAN 10 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E034 (10/05)

DOCUMENT # P02000105101.

1. Entity Name  
AFRICARIBBEAN AUTHENTIC CUISINE INC.



Principal Place of Business  
5640 CORPORATE WAY  
WEST PALM BEACH, FL 33407

Mailing Address  
3161 VILLAGE BLVD  
WEST PALM BEACH, FL 33409

2. Principal Place of Business  
5640 Corporate Way  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
West Palm Beach FL  
Zip  
33407

City & State  
FL  
Zip  
Country

4. FEI Number  
38-3661503

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MIREILLE P LEROY  
8557 NW 61 ST. STREET  
TAMARAC, FL 33321

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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  
Mireille P Leroy  
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHARLES, JEAN G 8557 NW 61 ST TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition 200061762607 11/29/05--01070--001 **158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEROY, MIREILLE 8557 NW 61 ST TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition

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 607, 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: Mireille P Leroy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20f2

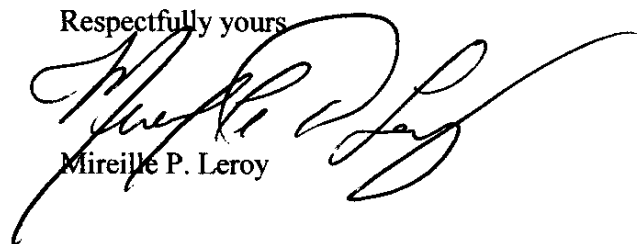
AFRICARIBBEAN AUTHENTIC CUISINE  
5640 Corporate Way  
West Palm Beach Florida 33407  
[www.africaribbeanfood.com](http://www.africaribbeanfood.com)

January 3, 2006

Dear Sir

I am requesting for the late fee to please be waived, because I never received the initial form at the correct address, when I did received the form, I send it in and also called the office , I was instructed to simply mail in the \$150.00 with the change of the correct address plus the \$8.50 For the past three years, they have been sending the form to the Tamarac address, which I have send in the correction every time. The correct change is in the letterhead.

Respectfully yours

A large, stylized handwritten signature in black ink, appearing to read 'Mireille P. Leroy', is written over the typed name.

Mireille P. Leroy