

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000105101

FILED
Sep 06, 2006
Secretary of State

Entity Name: AFRICARIBBEAN AUTHENTIC CUISINE INC.

Current Principal Place of Business:

5640 CORPORATE WAY
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5640 CORPORATE WAY
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 38-3661503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIREILLE P LEROY
4500 NW 41ST TERR
LAUDERDALE LAKES, FL 33319 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: P () Delete
Name: CHARLES, JEAN G
Address: 8557 NW 61 ST
City-St-Zip: TAMARAC, FL 33321

Title: V () Delete
Name: LEROY, MIREILLE
Address: 8557 NW 61 ST
City-St-Zip: TAMARAC, FL 33321

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHARLES, JEAN G
Address: 5640 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T (X) Change () Addition
Name: LEROY, MIREILLE
Address: 5640 CORPOATE WAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP () Change (X) Addition
Name: SOBEL, MARIA
Address: 5640 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIREILLE P LEROY

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09/06/2006

Electronic Signature of Signing Officer or Director

Date