

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001041

**Entity Name:** BROWARD CARIBBEAN CARNIVAL, INC.

**Current Principal Place of Business:**

18425 NW 2ND AVE  
SUITE 445  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

18425 NW 2ND AVE  
SUITE 445  
MIAMI GARDENS, FL 33169 US

**FEI Number:** 20-2315089

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOHAMMED, RAFIEK  
18425 NW 2ND AVE  
SUITE 445  
MIAMI GARDENS, FL 33169 US

*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:** RAFIEK MOHAMMED

01/31/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MOHAMMED, RAFIEK  
Address        18425 NW 2ND AVE  
                 SUITE 445  
City-State-Zip: MIAMI GARDENS FL 33169

Title            VP  
Name            JOSEPH, ANTHONY  
Address        18425 NW 2ND AVE  
                 SUITE 445  
City-State-Zip: MIAMI GARDENS FL 33169

Title            TREASURER  
Name            BECKFORD, JOHN  
Address        18425 NW 2ND AVE  
                 SUITE 445  
City-State-Zip: MIAMI GARDENS FL 33169

Title            SECRETARY  
Name            SWASEY, GILDA  
Address        18425 NW 2ND AVE  
                 SUITE 445  
City-State-Zip: MIAMI GARDENS FL 33169

*I hereby 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 all other like empowered.*

**SIGNATURE:** RAFIEK MOHAMMED

PRESIDENT

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date