

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000049558

FILED
Jan 20, 2009
Secretary of State

Entity Name: NEW AFRICA DEVELOPERS, INC.

Current Principal Place of Business:

6214 NW 18TH AVENUE
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

6214 NW 18TH AVENUE
MIAMI, FL 33147 US

New Mailing Address:

FEI Number: 20-5917233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUHAMMAD, JALIL R
6214 NW 18TH AVENUE
MIAMI, FL 33147 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: JALIL R. MUHAMMAD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALIK, RONALD RASOOL
Address: 6214 NW 18TH AVENUE
City-St-Zip: MIAMI, FL 33147 US

Title: VP () Delete
Name: MUHAMMAD, JALIL RAZZAQ
Address: 6214 NW 18TH AVENUE
City-St-Zip: MIAMI, FL 33147 US

Title: ST () Delete
Name: HENDON, SARA
Address: 6214 NW 18TH AVENUE
City-St-Zip: MIAMI, FL 33147 US

Title: VP/D () Delete
Name: SHABAZZ, HASAN
Address: 6214 NW 18TH AVENUE
City-St-Zip: MIAMI, FL 33147 US

Title: VP () Delete
Name: GOLDEN, CARNELL
Address: 6214 N.W. 18TH AVENUE
City-St-Zip: MIAMI, FL 33147

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: () 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA HENDON

ST

01/20/2009

Electronic Signature of Signing Officer or Director

Date