

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144760

FILED
Aug 20, 2007
Secretary of State

Entity Name: HBCUENTREPRENEURS.COM INCORPORATED

Current Principal Place of Business:

123 SE 3RD AVE
#169
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

123 SE 3RD AVE
#169
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 20-5920584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYNTEGRAL CONSULTING CORPORATION
123 SE 3RD AVE
#169
MIAMI, FL 33131 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

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: GOMES, DENISE FONSECA
Address: 123 SE 3RD AVE #169
City-St-Zip: MIAMI, FL 33131 US

Title: CMO () Delete
Name: CHANDLER, SHILESA
Address: 123 SE 3RD AVE #169
City-St-Zip: MIAMI, FL 33131 US

Title: P () Delete
Name: BOSTIC, LASHARA
Address: 123 SE 3RD AVE #169
City-St-Zip: MIAMI, FL 33131 US

Title: P () Delete
Name: JACKSON, MALCOLM
Address: 123 SE 3RD AVE # 169
City-St-Zip: MIAMI, FL 33131 US

Title: P () Delete
Name: MELSON, RACHEL
Address: 123 SE 3RD AVE #169
City-St-Zip: MIAMI, FL 33131 US

Title: P () Delete
Name: JOHN, MICHAEL
Address: 123 SE 3RD AVE #169
City-St-Zip: MIAMI, FL 33131 US

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: P (X) Change () Addition
Name: YERO, FELIX JAVIER
Address: 123 SE 3RD AVE # 169
City-St-Zip: MIAMI, FL 33131 US

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: DENISE GOMES

P

08/20/2007

Electronic Signature of Signing Officer or Director

_____ Date