2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 26, 2004 8:00 am Secretary of State

DOCUMEN 1. Entity Name SANKOFA, INC	NT # N010000018 c.	322					004 90005 031 *	
Principal Place of Business 1200 BRICKELL AVENUE 950 MIAMI, FL 33131		Mailing Address 150 SE 2ND AVE STE 913 MIAMI, FL 33131			1 (FB)((B) V)(84(B) ()	8 11 88 118 88 311 83 11	54064870	
2. Principal Place of Business 2005, Biscayne Blud		3. Mailing Address Same		e,				
Suite, Apt. #, etc. 2680		Suite, Apt. #, etc.			07192004 Chg-NP CR2E037 (10/03)			
City & State Miami		City & State			05 4405070		pplied For ot Applicable	
Zip 331_3	31 Country USA	Zip	Cou	untry	5. Certificate of Sta		S8.75 Ad Fee Require	
6. 1	Name and Address of Current R	egistered Agent			7. Name and Addr	ess of New R	legistered Agent	
THE MADLON A			-	Name MARLON: HILL				
HILL, MARLON A 1200 BRICKELL SUITE 950 MIAMI, FL 3313	L AVE.	Street Addr			ss (P.O. Box Number is N		re Blvd.	Suite 2680
·					Miami.		FL Zip Co	3/3/
the obligations of a	d entity submits this statement for fregistered agent.	s Hell	s registeri	eu omce or regi	stered agent, or both, in			
- Signature	re, typed or printed name of redistered agent ar	nd title if applicable. (NO	TE: Registere	d Agent signature req	guired when reinstating)		DATE	
Filing	re. typed or printed name of redistered agent ar ng Fee is \$61.25 y September 8, 2004	9. Election Ca Trust Fund	ampaign F	inancing _	\$5.00 May Be Added to Fees		Take check payable rida Department of S	
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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 legal report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment mith an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE

786-177-0189 Daytime Phone #