

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000001822	
1. Entity Name SANKOFA, INC.	
Principal Place of Business 200 S. BISCAYNE BLVD 2680 MIAMI, FL 33131	Mailing Address 200 S. BISCAYNE BLVD 2680 MIAMI, FL 33131



07012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1105870

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HILL, MARLON A
200 S. BISCAYNE BLVD., SUITE 2680
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, RON 900 NE 97TH STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, H T 1017 NW 9TH CT MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METELLUS, GEPSIE 74 NW 108TH ST MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTLEY, BRODES 7800 SW 170TH STREET MIAMI, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, MARLON A 13525 SW 119 AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000372494
07/13/05-80003-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #