

2006. NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-02-2006 90013 011 ****61.25

DOCUMENT # N04000004814

1. Entity Name
AFRIKAN VIOLETZ, INC.



Principal Place of Business
PO BOX 924700
PRINCETON, FL 33092

Mailing Address
PO BOX 924700
PRINCETON, FL 33092

66009402



2. Principal Place of Business
P.O. Box 614021
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 614021
Suite, Apt. #, etc.

01232006 Chg-NP CR2E037 (11/05)

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
35-2232668

Applied For
Not Applicable

Zip Country
33261 Miami-Dade

Zip Country
33261 Miami-Dade

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

6. Name and Address of Current Registered Agent

MCCARTNEY-DONALDSON, EFFIE ESQ
444 BRICKELL #51107
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Anita D. Moore
Street Address (P.O. Box Number is Not Acceptable)
12722 S W 265 Street
City Homestead FL Zip Code 33032

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 *Anita Moore - VP*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-06

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, ANITA D 12722 SW 265 STREET MIAMI, FL 33032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERRIOS, LIZETTE 11230 SW 164 STREET MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MERRELL, VALERIA 14091 SW 154 CT MIAMI, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRINGTON, OLIVIA S 26710 SW 137 COURT NARANJA, FL 33032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Deborah Buchanan 1240 NE 113th TR.-#6 Miami, FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jimmie Jones 12456 S W 203 Tr., Miami, FL 33177	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Anita Moore 12722 S W 265 Street, Homestead, FL 33032	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Shuntan Davis 3252 Foxcroft Road#313, Mirmar, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Deborah Buchanan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-06

365
416-1922

Date

Daytime Phone #

ATTACHMENT

DEPOSIT 3/2/06 #90013-011 \$61.25

66 009402

AFRIKAN VIOLETZ INC DOC # N04000004814

PLEASE NOTE-ANNUAL REPORT WAS RETURNED(SIGNATURE)
THE \$61.25 ANNUAL FEE IS IN YOUR OFFICE.
NOTE CHANGE OF P.O. BOX

ATTACHMENT

66009402



CUSTOMER'S RECEIPT

AFRICA VIOLETZ INC #N04000004874

KEEP THIS RECEIPT FOR YOUR RECORDS	PAY TO: <i>ST. OF FLA CORP. DIVISION</i>	SEE BACK OF THIS RECEIPT FOR IMPORTANT CLAIM INFORMATION NOT NEGOTIABLE		
	ADDRESS: <i>Tallahassee, FL</i>			
	C.O.D. OR USED FOR: <i>Annual Report Notice Fee</i>			
SERIAL NUMBER 09279811078	YEAR, MONTH, DAY 2005-02-27	POST OFFICE 331011	AMOUNT \$ 51.25	CLERK 0021