

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004814

FILED  
May 14, 2008  
Secretary of State

Entity Name: AFRIKAN VIOLETZ, INC.

## Current Principal Place of Business:

12722 SW 265 STREET  
HOMESTEAD, FL 33032

## New Principal Place of Business:

## Current Mailing Address:

POB 924700  
PRINCETON, FL 33092

## New Mailing Address:

FEI Number: 35-2232668      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

MOORE, ANITA D  
12722 SW 265 ST  
HOMESTEAD, FL 33032      US

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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOORE, ANITA D  
Address: 12722 SW 265 STREET  
City-St-Zip: HOMESTEAD, FL 33032

Title: S ( ) Delete  
Name: DAVIS, LINA  
Address: 22736 SW 114 PLACE  
City-St-Zip: MIAMI, FL 33170

Title: VP ( ) Delete  
Name: WILLIAMS, LAURA S  
Address: 11902 SW 196 TERRACE  
City-St-Zip: MIAMI, FL 33177

Title: T ( ) Delete  
Name: MERRELL, VALERIA  
Address: 14091 SW 154 COURT  
City-St-Zip: MIAMI, FL 33196

Title: H ( ) Delete  
Name: JONES, JIMMIE  
Address: 12456 SW 203 TERRACE  
City-St-Zip: MIAMI, FL 33177

## 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA D. MOORE

MS

05/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date