

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012010

FILED
Apr 25, 2006
Secretary of State

Entity Name: AFRICAN VIBES ENTERTAINMENT INC.

Current Principal Place of Business:

6808 SW 40TH COURT
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

6808 SW 40TH COURT
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 13-4242210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPE, MERISSA
6808 SW 40TH COURT
MIRAMAR, FL 33023 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOPE, MERISSA
Address: 6808 SW 40TH COURT
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: HESLOP, PATRICIA
Address: 2832 SW 85TH AVENUE
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: ROBINSON, RICHARD
Address: 7723 77TH WAY
City-St-Zip: WEST PALM BEACH, FL 33407

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: NERISSA HOPE

CEO

04/25/2006

Electronic Signature of Signing Officer or Director

Date