

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009926

Entity Name: AFRICA RECONNECT, INC.

FILED
May 02, 2008
Secretary of State

Current Principal Place of Business:

6940 NW 27TH AVENUE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

6940 NW 27TH AVENUE
MIAMI, FL 33147

New Mailing Address:

FEI Number: 20-8607061 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:

BUSH, BERNADINE
3015 NW 49 STREET
MIAMI, FL 33142 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: P () Delete
Name: BUSH, BERNADINE
Address: 3015 NW 49 STREET
City-St-Zip: MIAMI, FL 33142

Title: T () Delete
Name: MONTELL, ANDRE
Address: 6940 NW 27TH AVENUE
City-St-Zip: MIAMI, FL 33147

Title: S () Delete
Name: IKPEINYANG, BASSEY
Address: 15401 NE 6TH AVENUE, B724
City-St-Zip: MIAMI, FL 33056

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDREW, OSOLASE
Address: 6940 NW 27TH AVE
City-St-Zip: MIAMI, FL 33147

Title: VP (X) Change () Addition
Name: ENO, ETTANG
Address: 6940 NW 27TH AVENUE
City-St-Zip: MIAMI, FL 33147

Title: S (X) Change () Addition
Name: SHAMELE, JENKINS
Address: 6940 NW 27TH AVE
City-St-Zip: MIAMI, FL 33147

Title: T () Change (X) Addition
Name: ROBERTA, FELTON
Address: 6940 NW 27TH AVE
City-St-Zip: MIAMI, FL 33147

Title: D () Change (X) Addition
Name: ANDRE, MONTELL
Address: 6940 NW 27TH AVE
City-St-Zip: MIAMI, FL 33147

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: ANDRE MONTELL

D

05/02/2008

Electronic Signature of Signing Officer or Director

Date