

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009926

FILED
Mar 23, 2009
Secretary of State

Entity Name: AFRICA RECONNECT, INC.

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 ()

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: ANDREW, OSOLASE
Address: 6940 NW 27TH AVE
City-St-Zip: MIAMI, FL 33147

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

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

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

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

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: ANDRE MONTELL

D

03/23/2009

Electronic Signature of Signing Officer or Director

Date