
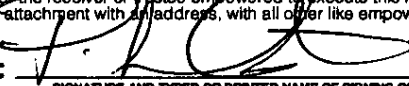


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90048 017 \*\*\*\*\*70.00

<b>DOCUMENT # N98000001838</b> 1. Entity Name <b>HARAMBEE INC.</b>					
Principal Place of Business <b>11358 SW 167 STREET MIAMI, FL 33157</b>				Mailing Address <b>P.O BOX 972883 MIAMI, FL 33197</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0831769</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DRISEN, ALANA 3410 PEAR TREE CIRCLE FORT LAUDERDALE, FL 33319</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DASENT, ALANA	NAME			
STREET ADDRESS	3410 PEAR TREE CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABRAHAM, KESHIA	NAME			
STREET ADDRESS	460 NE 126 STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LETREN, PETAGAY	NAME			
STREET ADDRESS	11358 SW 167TH STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUNTON, HAROLD	NAME			
STREET ADDRESS	10932 SW 161 STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CODY, CARLA	NAME			
STREET ADDRESS	2002 SE 926 LANE	STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CODY, CARLA	NAME			
STREET ADDRESS	10757 SOUTH PRESERVE WAY	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33025	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date <b>3/25/05</b> Daytime Phone # _____	

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03252005 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

FL Zip Code