## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000001838

Entity Name: HARAMBEE INC.

FILED Apr 17, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11358 SW 167 STREET MIAMI, FL 33157 **Current Mailing Address: New Mailing Address:** PO BOX 972883 MIAMI, FL 33197 FEI Number: 65-0831769 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LETREN, PETAGAY 11358 SW 167 STREET MIAMI, FL 33157 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MAHDI, KEVIN, Name: Name: 1216 DUNAD AVENUE Address: Address: City-St-Zip: OPA LOCKA, FL 33054 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: ABRAHAM, KESHIA Name: BUNTON, HAROLD Address: PO BOX 972883 Address: 10932 SW 161 STREET City-St-Zip: MIAMI, FL 33197 City-St-Zip: MIAMI, FL 33157 Title: DP () Delete Title: () Change () Addition LETREN, PETAGAY Name: Name: 11358 SW 167TH STREET Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: BUNTON, HAROLD Name: 10932 SW 161 STREET Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: Title: (X) Delete () Change () Addition CODY, CARLA Name: Name: PO BOX 972883 Address: Address: MIAMI, FL 33197 City-St-Zip: 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: PETAGAY LETREN D 04/17/2007