


FILED
May 23, 2005 8:00 am
Secretary of State

04-26-2005 90237 001 ****61.25
 04-26-2005 90237 002 ****88.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000051387			
1. Entity Name AFRICANS "R" US, INC.			
Principal Place of Business 642 NW 62 ST MIAMI, FL 33127		Mailing Address 642 NW 62 ST MIAMI, FL 33127	
2. Principal Place of Business 672 N.W. 62 ST		3. Mailing Address	
Suite, Apt. #, etc. Miami, FL		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33150	Country U.S.A.	Zip	Country
8. Name and Address of Current Registered Agent PIERRE, JUNIOR 214 NW 74 ST APT #1 MIAMI, FL 33150		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
B. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	PIERRE, JUNIOR		
STREET ADDRESS	214 NW 74 ST APT #1		
CITY-ST-ZIP	MIAMI, FL 33150		
TITLE	V	<input type="checkbox"/> Delete	
NAME	LECORPS, YOLANDE		
STREET ADDRESS	214 NW 74 ST APT #1		
CITY-ST-ZIP	MIAMI, FL 33150		
TITLE	Susan	<input type="checkbox"/> Delete	
NAME	MATTHEWS, ANGELA		
STREET ADDRESS	214 NW 74 ST APT #1		
CITY-ST-ZIP	MIAMI, FL 33150		
TITLE	Bien Aime, Monise	<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS	2611 NW 14 th Ave		
CITY-ST-ZIP	Miami, FL 33127		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
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 607, 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.			
SIGNATURE: <i>James Pierre</i>		4/20/05 305 754 5216	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE Daytime Phone #</small>	

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04202005 Chg-P CR2E034 (10/03)

4. FEI Number 03-0539072 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required