

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000144760

FILED
Oct 13, 2007
Secretary of State

Entity Name: HBCUENTREPRENEURS.COM INCORPORATED

Current Principal Place of Business:

123 SE 3RD AVE
#169
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

123 SE 3RD AVE
#169
MIAMI, FL 33131 US

New Mailing Address:

111 NW 183RD ST
SUITE 302
MIAMI GARDENS, FL 33169 US

FEI Number: 20-5920584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYNTEGRAL CONSULTING CORPORATION
123 SE 3RD AVE
#169
MIAMI, FL 33131 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: GOMES, DENISE FONSECA
Address: 123 SE 3RD AVE #169
City-St-Zip: MIAMI, FL 33131 US

Title: CMO () Delete
Name: CHANDLER, SHILESA
Address: 123 SE 3RD AVE #169
City-St-Zip: MIAMI, FL 33131 US

Title: P () Delete
Name: BOSTIC, LASHARA
Address: 123 SE 3RD AVE #169
City-St-Zip: MIAMI, FL 33131 US

Title: P () Delete
Name: YERO, FELIX JAVIER
Address: 123 SE 3RD AVE # 169
City-St-Zip: MIAMI, FL 33131 US

Title: P () Delete
Name: MELSON, RACHEL
Address: 123 SE 3RD AVE #169
City-St-Zip: MIAMI, FL 33131 US

Title: P () Delete
Name: JOHN, MICHAEL
Address: 123 SE 3RD AVE #169
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BLUCHER, ALEXANDER
Address: 123 SE 3RD AVE #169
City-St-Zip: MIAMI, FL 33131 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: CLINKSCALES, KEITH
Address: 123 SE 3RD AVE #169
City-St-Zip: MIAMI, FL 33131 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE GOMES

P

10/13/2007

Electronic Signature of Signing Officer or Director

Date