## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010753

Entity Name: HAY'NES HAR'BOUR INC.

**Current Principal Place of Business:** 

3585 NE 207 ST C-9 #741

AVENTURA, FL 33280

## **Current Mailing Address:**

3585 NE 207 ST C-9 #741

AVENTURA, FL 33280 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CU'TURE XCLUSIVE, LLC 3585 NE 207 ST C-9 #800741 AVENTURA, FL 33280 US

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

**FILED** Apr 28, 2016

**Secretary of State** 

CC0362955290

## Officer/Director Detail:

HAYNES, SHANTELL Name Name HAYNES, DASIAQUAN F 3585 NE 207 ST C-9'#741 4550 HERITAGE OAK DRIVE Address Address

City-State-Zip: ORLANDO FL 32808 AVENTURA FL 33280 City-State-Zip:

**CFO** Title VΡ Title

PALMER, TORRIN S JR. Name CU'TUREXCLUSIVE, LLC Name

Address 3585 NE 207 ST Address 3585 NE 207 ST

City-State-Zip: AVENTURA FL 33280 City-State-Zip: AVENTURA FL 33280

Title COO Title **EXECUTIVE SECRETARY** 

CRUZ LEON, DENIS Name Name ROMER, ROXANE Address 3585 NE 207 ST C-9

Address 3585 NE 207 ST #741

City-State-Zip: AVENTURA FL 33280 City-State-Zip: AVENTURA FL 33280

I hereby 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 all other like empowered.