2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2021
Secretary of State
2424037396CC

DOCUMENT# N14000010753

Entity Name: HAY'NES HAR'BOUR INC.

Current Principal Place of Business:

500 S. FEDERAL HWY. #2181
HALLANDALE BEACH, FL 33008

Current Mailing Address:

3585 NE 207 ST
C9 #741
AVENTURA, FL 33180 US

FEI Number: 34-4008020

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HAYNES-CRUZ LEON, SHANTELL DR.
3585 NE 207 ST
C9 #741
AVENTURA, FL 33180 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: DR. SHANTELL HAYNES-CRUZ LEON 04/29/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEO, CFO, COO, PRESIDENT
Name	HAYNES-CRUZ LEON, SHANTELL DR.
Address	3585 NE 207 ST C9 #741
City-State-Zip:	AVENTURA FL 33180

Title	OTHER, AUTHORIZED REPRESENTATIVE
Name	CU'TURE XCLUSIVE HOLDINGS, LLC
Address	3585 NE 207 ST C9 #741
City-State-Zip:	AVENTURA FL 33180

Title	TREASURER
Name	SPANN, KIMBERLY
Address	3585 NE 207 ST C9 #741
City-State-Zip:	AVENTURA FL 33180

Title	ASST. TREASURER
Name	PALMER , TORRIN JR.
Address	3585 NE 207 ST C9 #741
City-State-Zip:	AVENTURA FL 33180

Title	VP
Name	HAYNES, DASIAQUAN F
Address	4550 HERITAGE OAK DRIVE
City-State-Zip:	ORLANDO FL 32808

Title	OTHER, AUTHORIZED REPRESENTATIVE
Name	NOM DE GUERRE HOLDINGS, LLC
Address	3585 NE 207 ST C9 #741
City-State-Zip:	AVENTURA FL 33180

Title	OTHER, AUTHORIZED REPRESENTATIVE
Name	BOUJEE CAPITAL EQUITY GROUP
Address	3585 NE 207 ST C9 #741
City-State-Zip:	AVENTURA FL 33180

Title	OTHER, AUTHORIZED REPRESENTATIVE
Name	THE NEURODIVERSITY STEAM CENTER| FOR AUTISM & RELATED DISABILITIES
Address	3585 NE 207 ST. C9 #741
City-State-Zip:	AVENTURA FL 33180

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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.

SIGNATURE: DR. SHANTELL HAYNES-CRUZ LEON CEO 04/29/2021

Officer/Director Detail Continued :

Title	OTHER, AUTHORIZED REPRESENTATIVE
Name	HARD HATS & HEELS REAL ESTATE DEVELOPMENT|DESIGN GROUP
Address	3585 NE 207 ST C9 #741
City-State-Zip:	AVENTURA FL 33180