2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2018
Secretary of State
CC9892374491

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Entity Name: HAY'NES HAR'BOUR INC.

Current Principal Place of Business:

3585 NE 207 ST
C9 #741
AVENTURA, FL 33180

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:

CU'TURE XCLUSIVE, LLC
256 THREE ISLANDS BLVD.
#201
HALLANDALE BEACH, FL 33009 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

Officer/Director Detail :

Title	CEO
Name	HAYNES, SHANTELL
Address	3585 NE 207 ST C9 #741
City-State-Zip:	AVENTURA FL 33180

Title	PRESIDENT
Name	HAYNES-EVANS, GWENDOLYN
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	CO-TRUSTEE
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	CFO
Name	CU'TURE XCLUSIVE, LLC
Address	3585 NE 207 ST C9 #741
City-State-Zip:	AVENTURA FL 33180

Title	TRUSTEE
Name	CRUZ LEON, DENIS
Address	3585 NE 207 ST C9 #741
City-State-Zip:	AVENTURA FL 33180

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: SHANTELL HAYNES CEO 04/12/2018

Electronic Signature of Signing Officer/Director Detail — Date