2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2020
Secretary of State
4479806262CC

DOCUMENT# N14000010753

Entity Name: HAY'NES HAR'BOUR INC.

Current Principal Place of Business:

419 N. FEDERAL HWY.
#113
HALLANDALE BEACH, FL 33009

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, SHANTELL DR.
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: DR. SHANTELL HAYNES 06/09/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEO, COO
Name	CRUZ LEON, S.H.
Address	3585 NE 207 ST C9 #741
City-State-Zip:	AVENTURA FL 33180

Title	OFFICER
Name	CU'TURE XCLUSIVE, 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	PRESIDENT
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	OFFICER
Name	HARBOUR HOMES
Address	3585 NE 207 ST C9 #741
City-State-Zip:	AVENTURA FL 33180

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

Title	OFFICER
Name	STEEL TOES & STILETTOS REAL ESTATE | DEVELOPERS | CONTRACTORS
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 CEO 06/09/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	OFFICER
Name	HARBOUR PSYCHED SOLUTIONS
Address	3585 NE 207 ST C9 #741
City-State-Zip:	AVENTURA FL 33180