


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000002189
 1. Entity Name
 AKWA IBOM STATE ASSOCIATION OF NIGERIA (U.S.A.),
 INC., MIAMI CHAPTER



Principal Place of Business
 15121 SW 154 CT
 MIAMI, FL 33196

Mailing Address
 P.O. BOX 770936
 MIAMI, FL 32177



06172004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0917852

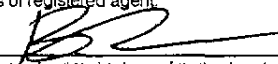
Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EYO, BUFFER E
 15121 SW 154 CT
 MIAMI, FL 33196

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8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE:  DATE: 6/15/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP EYO, BUFFER E 15121 SW 154TH CT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP OLTON, ALOYSIUS REV 7000 NW 186 ST APT 229 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DFS EKAETTE, ROBERT 20464 SW 5TH ST PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPRO UMOH, JIMMY 1914 SW 180TH TER MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ETTANG, ENO MS 17970 SW 134 CT MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSP OKON, BASSEY MR. 1190 N. STATE RD. 7, #215 FT. LAUDERDALE, FL 33312

U00000162744
 06/21/04-80001-018 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 6/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #