


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000003478 1. Entity Name AFRICAN HERITAGE ORGANIZATION, INC.	
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Principal Place of Business 12350 SW 132 CT. #207 MIAMI, FL 33165	Mailing Address 12350 SW 132 CT. #207 MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1105179	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JARAMILLO, YOLANDA 12350 SW 132 CT. #207 MIAMI, FL 33165

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000106789 04/08/04 00031-002 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADENIYI, ADESINA LAYO DR. AYAL NASIR ROAD P.O BOX 39362 DUBAU, UNITED ARAB EMIRATES,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADENIYI, ADETOKUNBO B AYAL NASIR ROAD P.O BOX 39362 DUBAU, UNITED ARAB EMIRATES,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADENIYI, ADETOUN A AYAL NASIR ROAD P.O BOX 39362 DUBAU, UNITED ARAB EMIRATES,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADENIYI, FADERERA D AYAL NASIR ROAD P.O BOX 39362 DUBAU, UNITED ARAB EMIRATES,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADENIYI, ADETUNJI A AYAL NASIR ROAD P.O BOX 39362 DUBAU, UNITED ARAB EMIRATES,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
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