

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N15000004176

**Entity Name:** AJIGBOTIFA TEMPLE MIAMI-HOME OF TRADITIONAL SOLUTIONS INC.

**FILED  
Sep 06, 2016  
Secretary of State  
CC5268770791**

**Current Principal Place of Business:**

30301 SW 171 AVE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

30301 SW 171 AVE  
HOMESTEAD, FL 33030 US

**FEI Number: 47-3934422**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHRISTIAN CARRAZANA, P.A.  
30301 SW 171 AVE  
HOMESTEAD, FL 33030 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 DP  
Name CARRAZANA, CHRISTIAN  
Address 30301 SW 171 AVE  
City-State-Zip: HOMESTEAD FL 33030

Title D  
Name OLATUNJI, EFUWAPE O  
Address 30301 SW 171 AVE  
City-State-Zip: HOMESTEAD FL 33030

Title D  
Name BAMIRO, IYABO  
Address 30301 SW 171 AVE  
City-State-Zip: HOMESTEAD FL 33030

Title D  
Name JEFFERSON, JAQUETTA  
Address 30301 SW 171 AVE  
City-State-Zip: HOMESTEAD FL 33030

Title D  
Name HALL, KEONDRE M  
Address 30301 SW 171 AVE  
City-State-Zip: HOMESTEAD FL 33030

*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: CHRISTIAN CARRAZANA**

**DP**

**09/06/2016**

Electronic Signature of Signing Officer/Director Detail

Date