

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000066900

**Entity Name:** NDOBE SOLUTIONS INC

**Current Principal Place of Business:**

1014 TAMWNY EAGLE DR  
GROVELAND, FL 34736

**Current Mailing Address:**

1014 TAMWNY EAGLE DR  
GROVELAND, FL 34736

**FEI Number:** 47-1693371

**Certificate of Status Desired:** Yes

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

NDOBE, EKITI  
1014 TAMNY EAGLE DR  
GROVELAND, FL 34736 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 P, CEO  
Name NDOBE, EKITI  
Address 1014 TAWNY EAGLE DR  
City-State-Zip: GROVELAND FL 34736

Title COO  
Name NDOBE, SONE  
Address 1014 TAWNY EAGLE DR  
City-State-Zip: GROVELAND FL 34736

Title VP, CFO, TRUSTEE  
Name DAVIS, DIELE N  
Address 11850 NW 37TH PLACE  
City-State-Zip: SUNRISE FL 34736

Title CO-TRUSTEE  
Name DAVIS, ROBERT  
Address 11850 NW 37TH PLACE  
City-State-Zip: SUNRISE FL 33323

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EKITI NDOBE

**PRESIDENT**

**02/06/2015**

Electronic Signature of Signing Officer/Director Detail

Date