

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000000699

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** NKWERRE ABORIGINES UNION - USA, INC.

**Current Principal Place of Business:**

5224 S. 166TH AVENUE CIRCLE  
OMAHA, NE 68135

**New Principal Place of Business:**

**Current Mailing Address:**

1461 N.W. 207TH. STREET  
MIAMI GARDENS, FL 33169

**New Mailing Address:**

P.O. BOX 163635  
MIAMI, FL 33116

**FEI Number:** 72-1319220

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NNADI, GODWIN  
13412 SPLASH COURT  
ORLANDO, FL 32828 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHINYERE, CHUKS MR.  
Address: 1461 N.W. 207TH. STREET  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: VPT  
Name: IHEKWABA, NZERIBE DR.  
Address: P. O. BOX 163635  
City-St-Zip: MIAMI, FL 33116

Title: S  
Name: MADUKA, AMAKA MRS.  
Address: 818 CHERRY VALLEY WAY  
City-St-Zip: ORLANDO, FL 32828

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:** CHUKS O. CHINYERE

P

01/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date