

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90218 042 \*\*\*158.75

**DOCUMENT # F24634**

1. Entity Name

NIAM INC.



Principal Place of Business

10150 N.W. 7TH AVE.  
MIAMI FL 33150

Mailing Address

10150 N.W. 7TH AVE.  
MIAMI FL 33150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0005790**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EBOHEN, JOHN  
475 NW 90 STREET  
MIAMI FL 33150

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete  
NAME EBOHON, JOHN  
STREET ADDRESS 475 NW 90 STREET  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete  
NAME HARRIS-EBOHON, ALThERIA  
STREET ADDRESS 475 NW 90 STREET  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete  
NAME IDAHOSA, EKE PAUL  
STREET ADDRESS 475 N.W. 90TH ST.  
CITY-ST-ZIP MIAMI FL

TITLE S ☒ Delete  
NAME TIYAN, EWOLA  
STREET ADDRESS 10150 NW 7TH AVE.  
CITY-ST-ZIP MAIMI FL

TITLE D ☐ Delete  
NAME ANISSA L, HARRIS  
STREET ADDRESS 10150 NW 7TH AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME SAMSON UYIOSAFO EBOHON  
STREET ADDRESS 10150 NW 7TH AVE  
CITY-ST-ZIP MIAMI FL 33150

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 758-6529