


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90217 032 ***158.75

DOCUMENT # G47158	
1. Entity Name AFRICAN FORMULA PRODUCTS, INC.	

Principal Place of Business 4615 NW 6TH STREET HU GAINESVILLE, FL 32601 US	Mailing Address P.O. BOX 21675 GAINESVILLE, FL 32604
--	--

J4001003

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04202004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2444578	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent SMITH, ADEYEMI ADEMOLA 903 S. BOUNDARY ST. ARCHER, FL 32618	
---	--

7. Name and Address of New Registered Agent	
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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ADEYEMI A	NAME	<i>The Same</i>
STREET ADDRESS	903 SOUTH BOUNDARY STREET	STREET ADDRESS	<i>The Same</i>
CITY-ST-ZIP	ARCHER, FL 32618	CITY-ST-ZIP	<i>The Same</i>
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT A., JR.	NAME	<i>The Same</i>
STREET ADDRESS	903 S BOUNDARY ST	STREET ADDRESS	<i>The Same</i>
CITY-ST-ZIP	ARCHER, FL	CITY-ST-ZIP	<i>The Same</i>
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERS, CATHY	NAME	<i>The Same</i>
STREET ADDRESS	7301 W UNIVERSITY S104	STREET ADDRESS	<i>The Same</i>
CITY-ST-ZIP	GAINESVILLE, FL	CITY-ST-ZIP	<i>The Same</i>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYINOLA, ADDIE	NAME	<i>The Same</i>
STREET ADDRESS	903 S. BOUNDARY ST.	STREET ADDRESS	<i>The Same</i>
CITY-ST-ZIP	ARCHER, FL 32681	CITY-ST-ZIP	<i>The Same</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **4-21-04** **352-495-618**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #