


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # H28731	
1. Entity Name OBENNA, INC.	

Principal Place of Business 4864 SW 72 AVENUE MIAMI, FL 33155	Mailing Address 3734 JUSTISON ROAD COCONUT GROVE, FL 33133
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2469534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LAFAYE, MARTHA
3734 JUSTISON RD
CORAL GABLES, FL 33313

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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 obligation of, registered agent.

SIGNATURE Martha Lafaye MARTHA LAFAYE, Pres. 4/12/04
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LAFAYE, MARTHA 3734 JUSTISON ROAD COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TURNER, GARY 6855 SUNRISE DRIVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KENNEDY, DOREEN 3734 JUSTISON RD MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/04-80066-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Martha Lafaye MARTHA LAFAYE, Pres. 4-12-04 800 330 2297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #