

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H28731

Entity Name: OBENNA, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

4864 SW 72 AVENUE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

3734 JUSTISON ROAD
COCONUT GROVE, FL 33136133

New Mailing Address:

4324 LENNOX DR
COCONUT GROVE, FL 33133

FEI Number: 59-2469534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFAYE, MARTHA
3734 JUSTISON RD
COCONUT GROVE, FL 33136133 US

Name and Address of New Registered Agent:

LAFAYE, MARTHA
4324 LENNOX DR
COCONUT GROVE, FL 33133 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: MARTHA LAFAYE

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAFAYE, MARTHA
Address: 3734 JUSTISON ROAD
City-St-Zip: COCONUT GROVE, FL 33133

Title: V () Delete
Name: TURNER, GARY
Address: 5847 PARADISE POINT
City-St-Zip: MIAMI, FL 33157

Title: ST () Delete
Name: KENNEDY, DOREEN
Address: 3734 JUSTISON RD
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAFAYE, MARTHA
Address: 4324 LENNOX DR
City-St-Zip: COCONUT GROVE, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: KENNEDY, DOREEN
Address: 4324 LENNOX DR
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARTHA LAFAYE

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date