2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N00000002926

Entity Name: ANKOBIA INTERNATIONAL, INC.

Current Principal Place of Business:

16300 NE 19TH AVE., STE. 216
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

3555 NW 96TH ST.
MIAMI, FL 33147

New Mailing Address:

FEI Number: 65-1109075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUBIAN TAX CONSULTANTS
16300 NE 19TH AVENUE
SUITE 215
NORTH MIAMI BEACH, FL 33162 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: PD ( ) Delete
Name: STRINGER, CHARLES
Address: 3555 NW 96 ST.
City-St-Zip: MIAMI, FL 33147

Title: VD ( ) Delete
Name: BRADDY, THOMAS
Address: 1729 NW 93 STREET
City-St-Zip: MIAMI, FL 33147

Title: SD ( ) Delete
Name: SMITH, TARIK
Address: 3286 FOXCROFT RD. BUILDING E #215
City-St-Zip: HOLLYWOOD, FL 33025

Title: TD ( ) Delete
Name: JACKSON, RODNEY
Address: 20420 NE 10 PLACE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES STRINGER PD 04/29/2005

Electronic Signature of Signing Officer or Director — Date