


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # N00000008285 1. Entity Name NYEMONI SOCIETY FOR EDUCATION AND CULTURAL DEVELOPMENT INC	
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Principal Place of Business 5095 NW 195TH LN MIAMI, FL 33055	Mailing Address 5095 NW 195TH LN MIAMI, FL 33055
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DO NOT WRITE IN THIS SPACE



04102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 71-6930775	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRIGGS, CHRISTOPHER 5095 NW 195TH LN MIAMI, FL 33055	DO NOT WRITE IN THIS SPACE
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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 obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORUWARI, AKIN 1545 NW 142ND STREET MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNG-JACK, ROWLAND 660 NW 177TH ST., APT 209 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRIGGS, CHRISTOPHER 5095 NW 195TH LANE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIA, JACK 13800 NE 12TH AVE., APT 413 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARIBOKO, VICTOR 18900 NW 8TH AVENUE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB-MANUEL, RICHARD 15165 NE 6TH AVENUE MIAMI, FL 33161

U00000730494
05/08/07-80083-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER BRIGGS 4/14/07 (305)628-7427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #