

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004499

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ANAMBRA STATE ASSOCIATION, INC.

**Current Principal Place of Business:**

983 SW 176 TER  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

5389 NW 188TH STREET  
MIAMI-GARDENS, FL 33055

**Current Mailing Address:**

983 SW 176 TER  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

5389 NW 188TH STREET  
MIAMI-GARDENS, FL 33055

**FEI Number:** 65-1115306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHUCK MOGBO, P.A.  
2800 W OAKLAND PK BLVD, STE 209  
OAKLAND PARK, FL 33311 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: DP  
Name: OKPALA, COLUMBA C MR.  
Address: 5389 NW 188TH STREET  
City-St-Zip: MIAMI-GARDENS, FL 33055

Title: DS  
Name: MUODIAJU, SYLVESTER MR  
Address: 13480 NE 6TH AVENUE APT #207  
City-St-Zip: N. MIAMI, FL 33161

Title: DT  
Name: EZENYI, EMMANUEL I MR  
Address: 2831 RIVER RUN CIRCLE  
City-St-Zip: W MIRAMAR, FL 33025

Title: FS  
Name: CHUKWUELUE, CHRIS MR  
Address: 2708 SW 129 TERRACE  
City-St-Zip: MIRAMAR, FL 33027 US

I hereby 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 all other like empowered.

SIGNATURE: COLUMBA OKPALA

DP

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date