

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005007

FILED
Jan 30, 2008
Secretary of State

Entity Name: OGBOMOSO SONS AND DAUGHTERS IN NORTH AMERICA, INC.

Current Principal Place of Business:

4901 SW 193 LANE
SOUTH WEST RANCHES, FL 333321230 US

New Principal Place of Business:

Current Mailing Address:

4901 SW 193 LANE
SOUTH WEST RANCHES, FL 333321230 US

New Mailing Address:

FEI Number: 65-1122136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLAIGBE, OLA
18441 N.W. 2ND AVENUE
SUITE 220
MIAMI, FL 33169 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: ALADE, MOSES
Address: 4901 SW 193 LANE
City-St-Zip: SOUTH WEST RANCHES, FL 333321230 US

Title: VD () Delete
Name: AKANBI, COLLINS
Address: 7221 GRANDVIEW BLVD.
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: AMOLE, FOLA
Address: 17938 SW 36TH STREET
City-St-Zip: MIRAMAR, FL 33029

Title: SD () Delete
Name: ONIGBINDE, FEMI
Address: 2471 NW 56TH AVE, #106
City-St-Zip: LAUDERHILL, FL 33313

Title: SD () Delete
Name: GBADAMOSI, SOLA
Address: 1790 BAYON DR.
City-St-Zip: DELTONA, FL 32725

Title: SD () Delete
Name: AKANBI, YEMI
Address: 7221 GRANDVIEW BLVD.
City-St-Zip: MIRAMAR, FL 33023

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
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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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOSES ALADE

PD

01/30/2008

Electronic Signature of Signing Officer or Director

Date