

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005007

FILED  
Feb 23, 2009  
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  
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 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 O ALADE

PD

02/23/2009

Electronic Signature of Signing Officer or Director

Date