

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000238

FILED  
Jan 14, 2005  
Secretary of State

Entity Name: NIGERIAN-AMERICAN YOUTH ORGANIZATION INC.

**Current Principal Place of Business:**

610 NW 183RD ST., SUITE 208  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1183  
OPA LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 02-0535791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOSHUA, PAT  
610 NW 183RD ST., SUITE 208  
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: D ( ) Delete  
Name: JOSHUA, PAT  
Address: 610 NW 183RD ST., SUITE 208  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: AGBEYEGBE, PAUL  
Address: 610 NW 183RD ST., SUITE 208  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: JOSHUA, MARGARET  
Address: 610 NW 183RD ST., SUITE 208  
City-St-Zip: MIAMI, FL 33169

Title: T ( ) Delete  
Name: ADEBISI, NANCY  
Address: 610 NW 183RD ST., SUITE 208  
City-St-Zip: MIAMI, FL 33169

Title: AS ( ) Delete  
Name: LAWAL, ERICA  
Address: 610 NW 183RD ST., SUITE 208  
City-St-Zip: MIAMI, FL 33169

**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:

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: MARGARET JOSHUA

D

01/14/2005

Electronic Signature of Signing Officer or Director

Date