

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000238

FILED
Jul 25, 2007
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 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: PAT JOSHUA

D

07/25/2007

Electronic Signature of Signing Officer or Director

_____ Date