

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000006745

1. Entity Name
**PEOPLES CLUB OF NIGERIA INTERNATIONAL, INC. -
MIAMI BRANCH**



Principal Place of Business
**11950 SW 132 AVE.
MIAMI, FL 33186**

Mailing Address
**11950 SW 132 AVE.
MIAMI, FL 33186**



03082004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3651814	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EGBEBIKE, MICHAEL
11950 SW 132 AVE.
MIAMI, FL 33186**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000086149
03/12/04-60012-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGBEBIKE, MICHAEL 11950 SW 132 AVE. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANYAMELE, RICHARD 255 NW 157 ST. MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESIOBU, CHIKEZIE 2620 BOGOTA AVE. COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ANAM, OSADEBE DR 18863 NW 89 AVE MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OFOLETA, ACHINIKE 17041 SW 109 PLACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKPALA, EMMANUEL 20050 NW 65 CT MIAMI, FL 33015

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/04 3057159090