


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000006745</b>	
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
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07112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  EGBEBIKE, MICHAEL 11950 SW 132 AVE. MIAMI, FL 33186
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

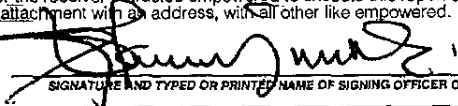
000000373540  
07/19/05-80002-019 70.00

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 ESIOLU, 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, ACHINIKI 17041 SW 109 PLACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKPALA, EMMANUEL 20050 NW 65 CT MIAMI, FL 33015

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

7/11/05  
Date

Daytime Phone #