

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 16, 2009
Secretary of State**

DOCUMENT# N03000004072

Entity Name: NEW NIGERIAN ALLIANCE, INC.

Current Principal Place of Business:

2300 NW 181 TERRACE
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

2300 NW 181 TERRACE
MIAMI GARDENS, FL 33056

New Mailing Address:

FEI Number: 74-3126088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

KING, KAVIN O
2300 NW 181 TERRACE
MIAMI GARDENS, FL 33056 US

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: KAVIN KING

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANAM, FELIX I
Address: 1000 WEST AVE. #1006
City-St-Zip: MIAMI GARDENS, FL 33139

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Delete
Name: ORIZU, VIVIAN
Address: 155 NW 96 TERR #204
City-St-Zip: PEMBROKE PINES, FL 32024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Delete
Name: NWOSU, UCHE
Address: 2025 NE 164 STREET #810
City-St-Zip: MIAMI, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS () Delete
Name: NWOSU, FAITH
Address: 2025 NE 164 ST., #810
City-St-Zip: MIAMI, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: FS () Delete
Name: DANTATA, LAMI
Address: 1100 NW 155 LANE, APT 301
City-St-Zip: MIAMI, FL 33169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD () Delete
Name: ANYAGALIGBO, MARCEL
Address: 1100 NW 155 LANE, APT 301
City-St-Zip: MIAMI, FL 33169

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: FELIX ANAM

P

10/16/2009

Electronic Signature of Signing Officer or Director

Date