


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000007526</b> 1. Entity Name ENUGU DAUGHTERS ASSOCIATION OF FLORIDA INC.	
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Principal Place of Business 12115 N MIAMI AVE N MIAMI, FL 33168	Mailing Address 12115 N MIAMI AVE N MIAMI, FL 33168
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**DO NOT WRITE IN THIS SPACE**



04042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 75-3159736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  EZE, CAROL 12115 N MIAMI AVE NORTH MIAMI, FL 33168
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EZE, CAROL MRS 12115M. MIAMI AVE NORTH MIAMI, BEACH, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ODIMGBE, UZOAMAKA MRS 2362 NW 158 LANE PEMBROKEPINE, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC NWAMA, FRANCISCA MRS 1310 NW 196 TERR MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000747394  
05/17/07-80024-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** CAROL EZE 11/13/07 3053182615  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #