

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2009
Secretary of State**

DOCUMENT# N04000012026

Entity Name: UMU ABIA SOUTH FLORIDA, INC.

Current Principal Place of Business:

7775 WEST GRANADA BOULEVARD
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 246386
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 33-1108069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IHEM, CHUCKS
7775 WEST GRANADA BOULEVARD
MIRAMAR, FL 33023 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: P () Delete
Name: IHEM, CHUCKS
Address: 7775 WEST GRANADA BOULEVARD
City-St-Zip: MIRAMAR, FL 33023

Title: VP () Delete
Name: NWANKWO, DAVID
Address: 2912 SHOUGHNESSY DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: PVT () Delete
Name: ROBINSON, WILSON
Address: 3214 NW 203 STREET
City-St-Zip: MIAMI GARDENS, FL 33056

Title: T () Delete
Name: IBEJI, NGOZI
Address: 2358 SW 135 AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: S () Delete
Name: OJUKWU, OTEGA
Address: 18777 NW 78TH PLACE
City-St-Zip: MIAMI, FL 33015

Title: FS () Delete
Name: OJUKWU, DUCKWORTH
Address: 18777 NW 78TH PLACE
City-St-Zip: MIAMI, FL 33015

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:

Title: FS (X) Change () Addition
Name: OJUKWU, DUCKWORTH
Address: 18777 NW 78TH PLACE
City-St-Zip: MIAMI, FL 33015

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: CHUCKS IHEM

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date