2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N06000012128

Entity Name: MAMA AFRICANA INC.

Current Principal Place of Business:

1012 E 26TH AVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1012 E 26TH AVE
TAMPA, FL 33605

New Mailing Address:

FEI Number: 20-8206412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ENEKWA, IVY C
2803 N JEFFERSON ST
TAMPA, FL 33602 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:	SEKAJIPO, EVELYN F	
Address:	1012 E 26TH AVE	
City-St-Zip:	TAMPA, FL 33605	
Title:	SEC	( ) Delete
Name:	EVERETT, STEPHANIA	
Address:	1012 E 26TH AVE	
City-St-Zip:	TAMPA, FL 33605	
Title:	TREA	( ) Delete
Name:	ENEKWA, IVY C	
Address:	2803 N JEFFERSON ST	
City-St-Zip:	TAMPA, FL 33602	
Title:	D	( ) Delete
Name:	LITUS, DEBORAH T LIAS	
Address:	1012 E 26TH AVE	
City-St-Zip:	TAMPA, FL 33605	
Title:	D	( ) Delete
Name:	COREY, KRISTINA R ACTV	
Address:	2803 N JEFFERSON ST	
City-St-Zip:	TAMPA, FL 33602	
Title:	D	( ) Delete
Name:	MYALL, KIMBERLY E ARTS	
Address:	2803 N JEFFERSON ST	
City-St-Zip:	TAMPA, FL 33602	

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:	D	(X) Change ( ) Addition
Name:	LITUS, DEBORAH T ACTV	
Address:	1012 E 26TH AVE	
City-St-Zip:	TAMPA, FL 33605	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BAPTISTE, ERICA E FUNDS	
Address:	2803 N JEFFERSON ST	
City-St-Zip:	TAMPA, FL 33602	

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: IVY C ENEKWA TREA 04/14/2009

Electronic Signature of Signing Officer or Director — Date