

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009147

FILED
Apr 03, 2009
Secretary of State

Entity Name: ESBECANS DIASPORA, INC.

Current Principal Place of Business:

15210 AMBERLY DR., APT. 1518
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

15210 AMBERLY DR., APT. 1518
TAMPA, FL 33647

New Mailing Address:

FEI Number: 26-3484738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAI, THEOPHILUS
15210 AMBERLY DR., APT. 1518
TAMPA, FL 33647 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: D () Delete
Name: SAI, THEOPHILUS
Address: 15210 AMBERLY DR., APT. 1518
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: IDDRISU, NURUDEEN
Address: 945 GOLDEN WAY
City-St-Zip: ISANTI, MN 55040

Title: D () Delete
Name: AHORLU, REGINA
Address: 1191 ANDERSON AVE., #2C
City-St-Zip: BRONX, NY 10452

Title: D () Delete
Name: ATIGEDWE, NICHOLAS
Address: 1244 VERNON ST.
City-St-Zip: EUREKA, CA 95501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SAI, THEOPHILUS MD
Address: 15210 AMBERLY DR., APT. 1518
City-St-Zip: TAMPA, FL 33647

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

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

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: THEOPHILUS SAI

DR

04/03/2009

Electronic Signature of Signing Officer or Director

Date