


61-25

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N37358**  
 1. Entity Name  
 EGBE OMO ODUDUWA, INC.



Principal Place of Business  
 -8579 SW 23RD COURT  
 MIRAMAR, FL 33025

Mailing Address  
 8579 SW 23RD COURT  
 MIRAMAR, FL 33025

**DO NOT WRITE IN THIS SPACE**

FILED  
 08 MAY 16 AM 11:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



04252008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 65-0210273

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAYUNGBE, ALBERT CPA  
 2967 SW 161 AVENUE  
 MIRAMAR, FL 33027

**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 \_\_\_\_\_

**Filing Fee Is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AKINREMI, AYODELE
STREET ADDRESS	P.O. BOX 680464
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	D
NAME	FATERU, SAMSON
STREET ADDRESS	19630 NW 4 AVE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	ADEYIGA, JULIUS
STREET ADDRESS	8579 SW 23 CT
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D
NAME	IBRAHIM, LATEEF
STREET ADDRESS	19621 NW 7 CT
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	ADENUGA, LAWRENCE
STREET ADDRESS	15434 SW 146 ST
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200130896912  
 06/05/08--01006--017 \*\*500.00

*\$75/20*

**DO NOT WRITE IN THIS SPACE**

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:** *Julius Adeyiga* Director 04/25/08 (954) 986-2920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #