

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

ATX1

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

- FILED  
 09 MAY 14 PM 2: 36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 8579 SW 23 COURT Suite, Apt #, etc	<b>3. Mailing Address</b> 8579 SW 23 COURT Suite, Apt. #, etc,
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<b>City &amp; State</b> MIRAMAR, FL	<b>City &amp; State</b> MIRAMAR, FL	<b>4. FEI Number</b> 65-0210273	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33025	<b>Country</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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**7. Name and Address of Current Registered Agent**

**Name** ALBERT MAYUNGAE, CPA  
**Street Address (P.O. Box Number is Not Acceptable)**  
 2967 SW 161 AVENUE  
**City** MIRAMAR **FL** **Zip Code** 33027

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FEE IS: \$61.25</b> Initial or Amended UBR	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> Florida Department of State
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	AKINREMI, AYODELE
<b>STREET ADDRESS</b>	P.O. BOX 680464
<b>CITY-ST-ZIP</b>	MIAMI, FL 33168
<b>TITLE</b>	D
<b>NAME</b>	FATERY, SAMSON
<b>STREET ADDRESS</b>	19630 NW 4 AVE
<b>CITY-ST-ZIP</b>	MIAMI, FL 33169
<b>TITLE</b>	D
<b>NAME</b>	ADEYIGA, JULIUS
<b>STREET ADDRESS</b>	8579 SW 23 COURT
<b>CITY-ST-ZIP</b>	MIRAMAR, FL 33025
<b>TITLE</b>	D
<b>NAME</b>	IBRAHIM, LATEEF
<b>STREET ADDRESS</b>	19620 NW 7 COURT
<b>CITY-ST-ZIP</b>	MIAMI, FL 33169
<b>TITLE</b>	D
<b>NAME</b>	ADENUGA, LAWRENCE
<b>STREET ADDRESS</b>	15434 SW 146 STREET
<b>CITY-ST-ZIP</b>	MIAMI, FL 33169
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**11.**

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	600153874956
<b>CITY-ST-ZIP</b>	04/30/09--01002--019 **\$61.25
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** \_\_\_\_\_ **4/24/2009**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #