


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2004 08:00 AM  
Secretary of State

DOCUMENT # N50056 1. Entity Name OBADIAH INC.	
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Principal Place of Business 901 N.W. 62ND ST. MIAMI, FL 33150	Mailing Address 2200 N.W. 191ST MIAMI, FL 33056
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03042004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0352965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  THOMPSON, APRYL 1488 NW 44 STREET MIAMI, FL 33142
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>
DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMS, MICHEALANE 2200 NW 191 STREET OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, APRYL 1481 NW 44 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TILLMAN, DEREK 1481 NW 44 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, RUEBEN 1273 NE 92 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, CAROLYN 901 N 62 STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000135157  
04/28/04-80048-022 61.25

**DO NOT WRITE  
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)(f), 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.
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SIGNATURE <i>Michealane Sims</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>4-1-04</i>	Daytime Phone # <i>(305) 621-5421</i>
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