

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000004245

**FILED**  
**Oct 03, 2005**  
**Secretary of State**

**Entity Name:** GHANAIAAN ASSOCIATION OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

4341 NW 19TH ST  
APT. 8  
LAUDERHILL, FL 33313 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 667727  
POMPANO, FL 33066

**New Mailing Address:**

**FEI Number:** 65-0438024      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KUBAYANDA, GILBERT N  
4341 NW 19TH ST  
APT. 8  
LAUDERHILL, FL 33313 US

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: KUBAYANDA, GILBERT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KUBAYANDA, GILBERT  
Address: 4341 NW 19TH ST, APT 8  
City-St-Zip: LAUDERHILL, FL 33313 US

Title: SD ( ) Delete  
Name: FIGUEROA, JOAN  
Address: 20515 W CAROUSEL CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33434

Title: TD ( ) Delete  
Name: COOMSON, JOSEPH  
Address: 16431 NW 17 CT  
City-St-Zip: OPA LOCKA, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ADUBOFOUR, SANDRA  
Address: 8490 S. CORAL CIRCLE  
City-St-Zip: NORTH LAUDERDALE, FL 33068 US

Title: SD (X) Change ( ) Addition  
Name: ASHIAGBOR, BISMARCK  
Address: 6511 NOVA DRIVE #105  
City-St-Zip: DAVIE, FL 33317

Title: TD (X) Change ( ) Addition  
Name: LARBI, DAVID  
Address: 3825 NW 183RD ST.  
City-St-Zip: MIAMI, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDRA ADUBOFOUR

PD

10/03/2005

Electronic Signature of Signing Officer or Director

Date