

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Dec 03, 2008
Secretary of State**

DOCUMENT# N93000004245

Entity Name: GHANAIAN ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:2106 NW 171 TERR
PEMBROKE PINES, FL 33028 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 667727
POMPAN0, FL 33066**New Mailing Address:**P O BOX 101076
FT. LAUDERDALE, FL 33310

FEI Number: 65-0438024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:AKITI, JOHN P.R.O
14966 SW 33 ST
DAVIE, FL 33331 US**Name and Address of New Registered Agent:**ANDERSON, ROBERT A PR
2106 NW 171ST TERRACE
PEMBROKE PINES, FL 33028 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: ROBERT A. ANDERSON

12/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PR () Delete
Name: ANDERSON, ROBERT A
Address: 2106 NW 171 TERR
City-St-Zip: PEMBROKE PINES, FL 33028 USTitle: VP () Delete
Name: AHLIJA, RICHARD
Address: 750 SW MCCRACKEN AVE
City-St-Zip: PORT ST LUCIE, FL 34953Title: TD () Delete
Name: LARBI, DAVID
Address: 3825 NW 183RD ST.
City-St-Zip: MIAMI, FL 33055Title: SC () Delete
Name: SEIDU-BERG, HAWA
Address: 6790 NW 186 ST. #211
City-St-Zip: MIAMI, FL 33015Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: PRO () Change (X) Addition
Name: AKITI, JOHN
Address: 14966 SW 33ST
City-St-Zip: DAVIE, FL 33331

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: ROBERT A. ANDERSON

PR

12/03/2008

Electronic Signature of Signing Officer or Director

Date