

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

DOCUMENT# N93000004245

**Entity Name:** GHANAIAAN 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  
POMPAHO, 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 US

Title: VP ( ) Delete  
Name: AHLIJA, RICHARD  
Address: 750 SW MCCracken AVE  
City-St-Zip: PORT ST LUCIE, FL 34953

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

Title: SC ( ) Delete  
Name: SEIDU-BERG, HAWA  
Address: 6790 NW 186 ST. #211  
City-St-Zip: MIAMI, FL 33015

Title: ( ) 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