

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003480

FILED  
Sep 08, 2007  
Secretary of State

**Entity Name:** EDO ASSOCIATION OF FLORIDA INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 69-4413  
MIAMI, FL 332691413 US

**New Principal Place of Business:**

7630 SHALIMAR STREET  
MIRAMAR, FL 33023 US

**Current Mailing Address:**

P.O. BOX 69-4413  
MIAMI, FL 332691413 US

**New Mailing Address:**

**FEI Number:** 65-0550278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

OJO, GODWIN  
7630 SHALIMAR STREET  
MIRAMAR, FL 33023 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GODWIN, OJO  
Address: 7630 SHALLIMAR ST.  
City-St-Zip: MIRAMAR, FL 33023

Title: DV ( ) Delete  
Name: OSOLASE, ANDREW  
Address: 1010 NW MIAMI COURT  
City-St-Zip: MIAMI SHORE, FL 33150

Title: TD ( ) Delete  
Name: OHENHEN, WESLEY  
Address: 13500 NE 3RD COURT, #423  
City-St-Zip: MIAMI, FL 33161

Title: FSD ( ) Delete  
Name: ISIBOR, PETER  
Address: 12601 NW 27TH AVENUE APT. #T335  
City-St-Zip: MIAMI, FL 33167 US

Title: DS ( ) Delete  
Name: URHOGHIDE, ISIAH  
Address: 9948 W. DAFFODIL LANE  
City-St-Zip: MIRAMAR, FL 33025

Title: DAS ( ) Delete  
Name: IMAFIDON, TAIWO  
Address: 15770 SW 24 STREET  
City-St-Zip: MIRAMAR, FL 33027

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SCOTTY O. IZEBVIGIE

SPKR

09/08/2007

Electronic Signature of Signing Officer or Director

Date