
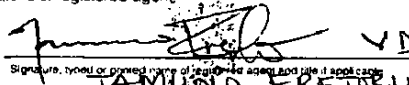



FILED  
Jul 26, 2006 8:00 am  
Secretary of State

04-26-2006 90226 042 \*\*\*\*61.25

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # N95000004454</b>			
1. Entity Name <b>RIVERS-BAYELSA STATES ASSOCIATION OF SOUTH FLORIDA, INC.</b>			
Principal Place of Business <b>1545 NORTH EAST 142ND STREET NORTH MIAMI, FL</b>		Mailing Address <b>P.O. BOX 681810 NORTH MIAMI, FL 33168</b>	
2. Principal Place of Business <b>18831 NW 74 CT.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State	
Zip <b>33169</b>	Country <b>U.S.A.</b>	Zip	Country
4. FEI Number <b>65-0670273</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>OKOINYAN, TIMI 14364 SW 106 TERRACE MIAMI, FL 33186</b>		7. Name and Address of New Registered Agent Name <b>TAMUNO ERETORU</b> Street Address (P.O. Box Number is Not Acceptable) <b>18831 NW 74 CT.</b> City <b>MIAMI</b> FL Zip Code <b>33169</b>	
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  <b>TAMUNO ERETORU</b> (NOTE: Registered Agent signature required when reappointing) DATE <b>4/24/06</b>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OKOINYAN, TIMI 14364 SW 106 TERRACE MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GODWIN OKECHUKU 2151 NE 168 ST. N.M.B. FL 33162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ERETORU, TAMUNO 18831 NW 7TH COURT MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AMADI, SARAH 14565 NE 6TH AVE APT 219 MIAMI, FL 33169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MPAKA BRAIDE 19183 NW 78th CT. MIAMI, FL 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCPEREBO, IBIFURO 4601 NW 183 STREET APT H-11 MIAMI, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE:  <b>TAMUNO ERETORU</b>		Date <b>4/24/06</b> (35)301-1389	