

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000929

FILED
Apr 21, 2007
Secretary of State

Entity Name: ANIOMA ASSOCIATION OF FLORIDA USA, INC.

Current Principal Place of Business:

P.O. BOX 173132
MIAMI LAKES, FL 33017

New Principal Place of Business:

1911 NW 150TH AVENUE
202
PEMBROKE PINES, FL 33028

Current Mailing Address:

P.O. BOX 173132
MIAMI LAKES, FL 33017

New Mailing Address:

FEI Number: 65-0737686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHINYE, TONY CPA
1525 NW 167 ST #330
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

CHINYE, TONY CPA
1911 NW 150TH AVENUE
202
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: TONY CHINYE

04/21/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHINYE, IKE
Address: 15821 SW 20TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: VD () Delete
Name: ARAFIENA, JOHN REV.
Address: 270 NW 181ST STREET
City-St-Zip: MIAMI, FL 33169

Title: SD () Delete
Name: SIMON, OKONOR
Address: 2425 NE 135TH STREET # 306
City-St-Zip: NORTH MIAMI, FL 33181

Title: TD () Delete
Name: ADEYEMI, MARY
Address: 22217 SW 103RD AVENUE
City-St-Zip: MIAMI, FL 33190

Title: FSD () Delete
Name: CHIWUZOR, BRIDGET
Address: 13029 SW 21ST ST.
City-St-Zip: MIRAMAR, FL 330027

Title: PD () Delete
Name: EBOKA, AZUKA
Address: 9921 SW 9TH COURT
City-St-Zip: PEMBROKE PINES, FL 33025

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: TD (X) Change () Addition
Name: CHIWUZOR, BRIDGET
Address: 13029 SW 21ST ST.
City-St-Zip: MIRAMAR, FL 33027

Title: FSD (X) Change () Addition
Name: CHINYE, ERNEST
Address: PO BOX 552261
City-St-Zip: CAROL CITY, FL 33055

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SIMON OKONOR

SD

04/21/2007

Electronic Signature of Signing Officer or Director

Date