2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2008
Secretary of State

DOCUMENT# N97000000929

Entity Name: ANIOMA ASSOCIATION OF FLORIDA USA, INC.

Current Principal Place of Business:

1911 NW 150TH AVENUE
202
PEMBROKE PINES, FL 33028

New Principal Place of Business:

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
1911 NW 150TH AVENUE
202
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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:	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:	CHIWUZOR, BRIDGET	
Address:	13029 SW 21ST ST.	
City-St-Zip:	MIRAMAR, FL 33027	
Title:	FSD	( ) Delete
Name:	CHINYE, ERNEST	
Address:	PO BOX 552261	
City-St-Zip:	CAROL CITY, FL 33055	
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:	( ) 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: SIMON OKONOR SD 04/06/2008
Electronic Signature of Signing Officer or Director — Date