


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000005868
 1. Entity Name
 NTO ANNANG FOUNDATION MIAMI CHAPTER, INC.



Principal Place of Business
 16300 NW 18 PL
 MIAMI, FL 33054

Mailing Address
 16300 NW 18 PL
 MIAMI, FL 33054



03052033 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 58-2006066 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ODNO, AL DR
 16300 NW 18 PL
 MIAMI, FL 33054

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000160913
 05/19/04-80001-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	EYO, PAMELA B
STREET ADDRESS	15121 SOUTHWEST 154 CT
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	V
NAME	EYO, BUFFER MR
STREET ADDRESS	15121 SOUTHWEST 154 CT
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	S
NAME	UMOH, JIMMY DR
STREET ADDRESS	1914 SW 180 TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	DP
NAME	ODONO, AL DR
STREET ADDRESS	16300 NW 18 PL
CITY-ST-ZIP	MIAMI, FL 33054
TITLE	D
NAME	NNAMDIE, OKU DR
STREET ADDRESS	350 NE 116 STREET
CITY-ST-ZIP	MIAMI SHORES, FL 33161
TITLE	D
NAME	NNAMDIE, EKA DR
STREET ADDRESS	350 NE 116 STREET
CITY-ST-ZIP	MIAMI SHORES, FL 33161

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: AL O'DONO DR 5/19/04 305 623 6550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #