2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000000023

1. Entity Name
CITIZENS EMPOWERMENT, INC.

Principal Place of Business	Mailing Address
710 NE 166TH STREET NORTH MIAMI BEACH, FL 33162	P.O. BOX 640276 MIAMI, FL 33164

DO NOT WRITE IN THIS SPACE

03292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0805749

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ODI, SAM
710 NE 166TH STREET
NORTH MIAMI BEACH, FL 33162

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OKEWUSI, KAYODA
STREET ADDRESS	14855 NW 16TH DRIVE
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	D
NAME	AINA, OLUBUNMI
STREET ADDRESS	16851 NE 23RD AVE., #104
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	D
NAME	ROMER, DANIELLE
STREET ADDRESS	10374 SW 208 TERR
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/04-80047-010 61.25

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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)(i), 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: Hakeem Oshikoya 4/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #