

\$61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000023	
1. Entity Name CITIZENS EMPOWERMENT, INC.	



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

DO NOT WRITE IN THIS SPACE



04142005 No Chg-NP	CR2E037 (10/03)	05
4. FEI Number 65-0805749	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ODI, SAM 710 NE 166TH STREET NORTH MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	200053648472 05/03/05--01027--001 **211.25
---	---	---

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

DO NOT WRITE IN THIS SPACE

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____

[Handwritten Signature] OSHK... TREASURER 4/15/05 305-668-3861
[Handwritten Signature] SAMUEL ODI 5/11/05 305-249-7111