

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000134842

**FILED  
Apr 29, 2004  
Secretary of State**

**Entity Name:** NIGERIAN-AMERICAN INVESTMENT CORPORATION

**Current Principal Place of Business:**

20401 NW 2ND AVENUE  
SUITE 205  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

20401 NW 2ND AVENUE  
SUITE 205  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 03-0500343      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OSOLASE, ANDREW  
20401 NW 2ND AVENUE  
SUITE 205  
MIAMI, FL 33169

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OSOLASE, ANDREW  
Address: 10101 NW MIAMI CT.  
City-St-Zip: MIAMI SHORES, FL 33150

Title: D ( ) Delete  
Name: AFOLABI, TUNDE  
Address: 15181 NW 1ST STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete  
Name: AYODELE, GBOLA  
Address: 1082 NE 176TH TERRACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW OSOLASE

PD

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date