2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134842

Name:

Address:

City-St-Zip:

AYODELE, GBOLA

1082 NE 176TH TERRACE

NORTH MIAMI BEACH, FL 33162

Entity Name: NIGERIAN-AMERICAN INVESTMENT CORPORATION

FILED May 01, 2007 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
20401 NW 2ND AVENUE SUITE 205 MIAMI, FL 33169			20401 NW 2ND AVENU SUITE 220 MIAMI, FL 33169		
Current M	ailing Addres	s:	New Mailing Address	New Mailing Address:	
20401 NW SUITE 205 MIAMI, FL			20401 NW 2ND AVENU SUITE 220 MIAMI, FL 33169	JE	
FEI Number:	: 03-0500343	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
OSOLASE, ANDREW 20401 NW 2ND AVENUE SUITE 205 MIAMI, FL 33169 US			OSOLASE, ANDREW 20401 NW 2ND AVENU SUITE 220 MIAMI, FL 33169 US	20401 NW 2ND AVENUE SUITE 220	
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:			05/01/2007	
	Electroni	c Signature of Registered Age	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () OSOLASE, AND 10101 NW MIAN MIAMI SHORES	1I CT.	Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () AFOLABI, TUND 15181 NW 1ST PEMBROKE PIN	STREET	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title: (() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ANDREW OSOLASE PRES 05/01/2007