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## TRANSMITTAL LETTER

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TO: Amendment Section Division of Corporations
SUBJECT: American African Finance International of America, Inc.
DOCUMENT NUMBER: P03000 156595
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:  MOUSTAPHA MBACKE  (Name of person)
AAFIA (Name of firm/company)
4815 Busch Blvd. Suite 201-E (Address)
Tampa, Florida 33617 (City/state and zip code)
For further information concerning this matter, please call:
MOUSTAPHA MBASKE at (813) 654-6973 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address:  Amendment Section  Division of Corporations  409 E. Gaines Street  Tallahassee, FL 32399

TO:

## CORPORATIONS

chànge is submi	provisions of sections ( tted for a corporation o gistered office or regist	organized under the la	ws of the State of	Florida		nt of order	
1. The name of the corporation: AMERICAN African Finance International of America, Inc. 2. The principal office address: 4815 Busch Blvd. Suite 201-E, Tampe, Fh. 33.							
3. The mailing a	ddress (if different):	Same					
4. Date of incorp	poration/qualification:	Dec. 24, 2003	Document number	P03000	015659	35	
5. The name and	I street address of the criment of State:	·					
	Mous	tapha ME	BACKE				
	12000	N. Dale	Mabra S	Buite # 26	2		
	Tamp	a, Florida	33618				
6. The name and (if changed):	I street address of the n			gistered office	OH MAY	-11	
	<del>-</del>	Sch Blvd. G	purte #201-E	a MDACK	28 PM	m	
	Tampa	Florida .			3: 45 STATI	O	
The street addre	ess of its registered off identical.	ice and the street add	ress of the business	office of its regis		ıs	
Such change wa	as authorized by resolution has been	ition duly adopted by notified in writing of	its board of directo the change.	rs or by an office	r so authorize	d by	
Mondowhe	Me de	tor)		TAPHA (		(E	
I hereby accept I further agree t duties, and I am being filed mero been notified in	the appointment as re to comply with the pro a familiar with and ac- ely to reflect a change writing of this change	gistered agent and ag visions of all statutes cept the obligation of in the registered offic	ree to act in this ca relative to the prop my position as regis e address, I hereby	pacity, er and complete j stered agent. Or, confirm that the	performance if this docum corporation h	of my ient is ias	
Hells	(Signature of Registered Ager		<u> </u>	25 2 (Days	2004		
If signing on be	half of an entity:		<u>-</u>	<i>I I</i>			
American i	(Typed or Printed Name)	tril of Amer, Inc	e. Pres	Capacity)			
	AAFIA						

\* \* \* FILING FEE: \$35.00 \* \* \*