

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2007 08:00 AM
Secretary of State**

DOCUMENT # P04000146481

1. Entity Name
MUFASA CONSULTING, INC.



Principal Place of Business
**#12 NE 206 TERR
MIAMI GARDENS, FL 33179**

Mailing Address
**#12 NE 206 TERR
MIAMI GARDENS, FL 33179**



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1792134

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, AUBREY
#12 NE 206 TERR
MIAMI GARDENS, FL 33179**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BURDEN, ADAM CEO
STREET ADDRESS	14360 SW 33 CT
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	VP
NAME	JOHNSON, AUBREY
STREET ADDRESS	12 NE 206 TERR
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	VP
NAME	UMOH, LNYANG
STREET ADDRESS	331 SW 195TH AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	VP
NAME	THOMAS, PAULA
STREET ADDRESS	1263 NW 123RD TERR
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000718880
05/01/07-80040-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Aubrey Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/07 305634-9817
Date Daytime Phone #