## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P94000088194

1. Entity Name

TUBOSUN GIWA AND PARTNERS INC.



Principal Place of Business

13850 NW 26TH AVE SUITE 208

MIAMI, FL 33054

Mailing Address

13850 NW 26TH AVE SUITE 208 MIAMI, FL 33054 FILED
Jan 24, 2008 08:00 AN
Secretary of State



## DO NOT WRITE IN THIS SPACE

01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0538854

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOLASADE, GIWA 1516 NW 119ST APT 206 MIAMI, FL 33167

## 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						
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution			ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D GIWA, TUBOSUN 7075 NW 179TH STREET HIALEAH, FL 33015				U00000795036	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D GIWA, ADELANI 2100 NE 171ST ST NORTH MIAMI BEACH, FL 33162				01/28/08-80031-021 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN THIS SPACE		
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

TUBOSUN

GIWA

1.18.08 4

305 6810007

Date

Daytime Phone