

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000009529

f. Entity Name
 JOSH LAF GROUP, INC.



Principal Place of Business
 710 N.E. 166TH STREET
 MIAMI, FL 33162

Mailing Address
 PO BOX 640276
 MIAMI, FL 33164 US



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0733889

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ODI, SAMUEL
 710 N.E. 166TH STREET
 MIAMI, FL 33162

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6. 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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: D
 NAME: HAKEEM, OSHIKOYA
 STREET ADDRESS: 9838 SW 117 CT
 CITY- ST- ZIP: MIAMI, FL 33186

TITLE: D
 NAME: AKONI, JOSEPH
 STREET ADDRESS: 17211 NW MIAMI COURT
 CITY- ST- ZIP: N MIAMI BEACH, FL 33162

TITLE: D
 NAME: ONAYEMI, MICHAEL
 STREET ADDRESS: 15430 SW 108 AVE
 CITY- ST- ZIP: MIAMI, FL 33157

TITLE: D
 NAME: QUADRI, ABIODUN
 STREET ADDRESS: 16851 NE 23 AVE., #B104
 CITY- ST- ZIP: MIAMI, FL 33162

TITLE: D
 NAME: ODI, SAMUEL
 STREET ADDRESS: 710 NE 166TH ST
 CITY- ST- ZIP: N MIAMI BEACH, FL 33162

TITLE:
 NAME:
 STREET ADDRESS:
 CITY- ST- ZIP:

100000121525
 04/20/04-80056-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Haqeeb Akoni Hakeem Oshikoya 4/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #