

\$150.

APPROVAL
AND
FILED


2005 FOR PROFIT CORPORATION ANNUAL REPORT

05 APR 20 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000009529


1. Entity Name
JOSHLAF GROUP, INC.



Principal Place of Business Mailing Address

**710 N.E. 166TH STREET
MIAMI, FL 33162** **PO BOX 640276
MIAMI, FL 33164 US**

DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03) *MRS*

4. FEI Number Applied For

65-0733889 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**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

800053648418
05/03/05--01027--001 **211.25

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 33169
TITLE	D
NAME	ONAYEMI, MICHAEL
STREET ADDRESS	15430 SW 106 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	

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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)(i), 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: *Hakeem Oshikoya* *4/15/05* *305-668-3861*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #