


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000078443 1. Entity Name AFRIKAN SOFISTIKAT, INC.	
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Principal Place of Business 511 SYLVAN DRIVE WINTER PARK, FL 32789	Mailing Address 511 SYLVAN DRIVE WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE

04092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3471236	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TALLEY, JAMES M 20 NORTH ORANGE AVENUE 15TH FLOOR ORLANDO, FL 32801
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**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OTEBEYE, GLADYS 511 SYLVAN DRIVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OTEBEYE, AYODEJI 511 SYLVAN DRIVE WINTER PARK, FL 32789
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VP 4/30/05 407629117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #