


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90259 014 ***150.00

DOCUMENT # P99000024911 1. Entity Name FUNMI CORPORATION					
Principal Place of Business C/O CHINYE & COMPANY 1395 NW 167 STREET #101 MIAMI, FL 33169			Mailing Address C/O CHINYE & COMPANY 1395 NW 167 STREET #101 MIAMI, FL 33169		
2. Principal Place of Business 1525 NW 16th Street Suite Apt. #, etc. 330		3. Mailing Address 1525 NW 16th Street Suite Apt. #, etc. 330			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-0910522	
Zip 33169		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHINYE, TONY 1395 NW 167 STREET 101 MIAMI, FL 33169			7. Name and Address of New Registered Agent Name TONY CHINYE Street Address (P.O. Box Number is Not Acceptable) 1525 NW 16th Street Suite 330 City MIAMI FL Zip Code 33169		
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 <u><i>Tony Chinye</i></u> TONY CHINYE 4-6-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOLAWOLE-TAYLOR, F V 90 NW 163 STREET MIAMI, FL 33169	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Jaylor</i></u> President 4-6-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					