## FILED Jan 25, 2007 8:00 am Secretary of State

2007	FUK PKUI	·II COKP	UKATION
	ANNUA	L REPO	RT

	ANNUAL	KEPUKI				Secret	ary or Si	late	
1. Entity Nam	MENT # S15483 ways, incorporated	•	.**		• (	01-25-200′	7 90055 046 ***1.		
Principal Place 1111 NW 19 MIAMI, FL 33	8 ST	Mailing Address 1111 NW 198 ST MIAMI, FL 33169			4 voos		1 818(1 818)1 818)1 818)1 82(1) 818)1	IERI 11 1681	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01182007	Chg-P	CR2E034 (12/06)		
City & State	e	City & State			4. FEI Numbe NOT AF	PLICABLE	\ <del></del>	plied For t Applicable	
Zip	Country	Zip	Coun	try		of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent				
ISHOLA, SINOT I 1111 NW 198 ST			Name Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33169			City			FL Zip Code	•		
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									
FIL After Ma	E NOW!!!- FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Cont	-		00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKANDE, ADEBAYO 33 CONISTON CT KENDAL ST LONDON, ENGLAND,	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADETUNJI, ATINUKE 33 CONISTON CT KENDAL ST LONDON, ENGLAND.	☐ Delete	1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete		İ			☐ Change	Addition	
NAME STREET ADDRESS CNY-ST-ZIP		☐ Delete					☐ Change	Addition	
12. I hereby indicated	certify that the information supplied with on this report or supplemental report is	n this filing does not qualify for strue and accurate and that r	or the exi my signa	emptions contained ture shall have the	in Chapter 119 same legal effec	), Florida Statutes. I It as if made under	further certify that the in oath; that I am an officer	nformation 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.