

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000009300

Entity Name: ILE ESU EKO ATI ISIN CORPORATION**Current Principal Place of Business:**1597 NW 7TH LANE
POMPANO BEACH, FL 33060**Current Mailing Address:**1597 NW 7TH LANE
POMPANO BEACH, FL 33060 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD STE A
TAMPA, FL 33612 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P, D
Name	ARUWAJOYE, GABRIEL T
Address	1597 NW 7TH LANE
City-State-Zip:	POMPANO BEACH FL 33060

Title	T, D
Name	THOMAS, DOROTHY
Address	1480 SW 9 AVE
City-State-Zip:	DEERFIELD BEACH FL 33441

Title	DIRECTOR
Name	KNOWLES, DARRYL
Address	249 SW 2ND STREET
City-State-Zip:	DEERFIELD BEACH FL 33441

Title	S, D
Name	COVIN, SHUREST
Address	1534 NW 7TH LANE
City-State-Zip:	POMPANO BEACH FL 33060

Title	D
Name	BUTTS, CLARENCE
Address	1597 NW 7TH LANE
City-State-Zip:	POMPANO BEACH FL 33060

Title	DIRECTOR
Name	VEREEN, WAYNE
Address	1480 SW 9 AVE
City-State-Zip:	DEERFIELD BEACH FL 33441

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GABRIEL T ARUWAJOYE**PRESIDENT****01/30/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date