

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000010920

**Entity Name:** JOEL ILESANMI AFRICAN ART GALLERY, INC.

**Current Principal Place of Business:**

8612 N 40TH STREET  
TAMPA, FL 33604

**FILED**  
**Apr 07, 2015**  
**Secretary of State**  
**CC0668849434**

**Current Mailing Address:**

P O BOX 290135  
TAMPA, FL 33687 US

**FEI Number: 59-3434811**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ILESANMI, JOEL  
1419 OVERLEA STREET  
CLEARWATER, FL 33755 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	Title	VP
Name	ILESANMI, JOEL	Name	ILESANMI, EUNICE
Address	8612 N 40TH STREET	Address	8612 N 40TH STREET
City-State-Zip:	TAMPA FL 33604	City-State-Zip:	TAMPA FL 33604

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOEL ILESANMI**

**PRESIDENT**

**04/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date