

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738794

FILED
Apr 17, 2009
Secretary of State

Entity Name: MUSLIM COMMUNITIES ASSOCIATION OF SOUTH FLORIDA, INC

Current Principal Place of Business:

4305 N.W. 183 ST.
MIAMI, FL 33055 US

New Principal Place of Business:

Current Mailing Address:

4305 N.W. 183 ST.
MIAMI, FL 33055 US

New Mailing Address:

FEI Number: 31-1290682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRZA, KHALID M
4305 NW 183 ST
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: MIRZA, KHALID M
Address: 4305 N.W. 183 ST.
City-St-Zip: MIAMI, FL 33055

Title: DST () Delete
Name: FAISAL, SYED
Address: 4305 N.W. 183 ST.
City-St-Zip: MIAMI, FL 33055

Title: DVC () Delete
Name: MANSURI, SHOYEB
Address: 4305 N.W. 183 ST.
City-St-Zip: MIAMI, FL 33055

Title: DSS () Delete
Name: SYED, AZRA
Address: 4305 N.W. 183 ST.
City-St-Zip: MIAMI, FL 33055

Title: DTR () Delete
Name: SURIYA, SALEEM M
Address: 4305 N.W. 183 ST.
City-St-Zip: MIAMI, FL 33055

Title: DWS () Delete
Name: SUBHANI, ZAKIA
Address: 4305 N.W. 183 ST.
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SALEM SURIYA

Electronic Signature of Signing Officer or Director

DTR

04/17/2009

_____ Date