


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90074 002 ****61.25

DOCUMENT # 754515			
1. Entity Name ARAB-AMERICAN CULTURAL CENTER, INC.			
Principal Place of Business 3326 PONCE DE LEON BLVD CORAL GABLES FL 33134-7110 US		Mailing Address 3619 SW 42ND AVE. MIAMI FL 33134-7110 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

50021249



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent MOUNEM R. KATTOURA 601 N.E. 171ST ST MIAMI FL 33162		7. Name and Address of New Registered Agent Name: ELIAS GHAWI - President & D Street Address (P.O. Box Number is Not Acceptable): 6130 SW 93 Ave City: Miami FL 33173 Zip Code: FL	
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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: *Elias Ghawi*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KATTOURA, MOUNEM R 601 NE 171ST ST N MIAMI BCH FL 33162 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corey 6000 SW 30 ST Miami FL 33155 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARWAR, YOLA 3619 SW 42 AVE MIAMI FL 33134-7110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	G. WARWAR 3619 SW 42 Ave Miami FL 33134-7110 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHALHUB, DON 6380 SW 44TH ST MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COREY, FLORENCE 6000 S W 30 ST MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	F. Corey 6000 SW 30 ST SD Miami FL 331 33155 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GHAWI, ELIAS 6130 S.W. 93 AVE. MIAMI FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	E. GHAWI 6130 SW 93 Ave P+D Miami FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANTOINETTE M Bellamy 291 WEST 59ST Hialeah Lakes, FLA 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A-M. Bellamy 291 W 59 ST Hialeah Lakes FL 33012 <input type="checkbox"/> Change <input checked="" 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 617, 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: *Elias Ghawi* PD *2/22/2005* 305 442-1518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #