

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90100 024 \*\*\*\*61.25

**DOCUMENT # 754515**

1. Entity Name  
**ARAB-AMERICAN CULTURAL CENTER, INC.**



Principal Place of Business *suite #140*  
**2800 PONCE DE LEON 140K**  
**MIAMI, FL 33134 US**

Mailing Address *suite*  
**2800 PONCE DE LEON 140K**  
**MIAMI, FL 33134 US**

00011000



01212007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2088198**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GHAW, ELIAS**  
**6130 SW 93 AVE**  
**MIAMI, FL 33173**

**DO NOT WRITE  
IN THIS SPACE**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *020207*

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**CORY, C.**  
**6000 SW 30 ST**  
**MIAMI, FL 33155**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**WARWAR, YOLA**  
**3619 SW 42 AVE**  
**MIAMI, FL 331347110**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**SHALHUB, DON**  
**6380 SW 44TH ST**  
**MIAMI, FL 33155**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**COREY, FLORENCE**  
**6000 S W 30 ST**  
**MIAMI, FL 33155**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D**  
**GHAWI, ELIAS**  
**6130 S.W. 93 AVE.**  
**MIAMI, FL 33173**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BELLAMY, A.M.**  
**291 W. 59 ST**  
**HALEAL, FL 33012**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/2/07*  
Daytime Phone # *305 442-1578*