


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90002 025 ****61.25

DOCUMENT # N34183					
1. Entity Name SCHOOL OF ISLAMIC STUDIES OF BROWARD INC.					
Principal Place of Business 4505 N.W. 103RD AVENUE SUNRISE, FL 33351 US			Mailing Address 4505 N.W. 103RD AVENUE SUNRISE, FL 33351 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	09092008 Chg-NP CR2E037 (12/06) 4. FEI Number 35-0522362	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
QURESHI, ZAHID 7326 SOUTHGATE BLVD N. LAUDERDALE, FL 33068			Name <u>SCHOOL OF ISLAMIC</u> Street Address (P.O. Box Number is Not Acceptable) <u>5457 NW 108 AVENUE</u> City <u>SUNRISE</u> FL Zip Code <u>33351</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	QURESHI, SAMINA	NAME			
STREET ADDRESS	7735 N.W. 47TH DR.	STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAVED, MOHAMMED	NAME			
STREET ADDRESS	8961 N.W. 8TH ST.	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	QURESHI, ZAHID	NAME			
STREET ADDRESS	7735 N.W. 47TH DR.	STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WASEEM, QUADRI	NAME			
STREET ADDRESS	836 N.W. 164TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALBASSAM, HAYTHEM	NAME			
STREET ADDRESS	9161 N.W. 24TH CT	STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Zahid Qureshi</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____	