2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38380

FILED Feb 15, 2005 Secretary of State

Entity Name: HUSSEINI ISLAMIC CENTER OF FLORIDA, INC.

	illicipai Flace	e of Business:	New Principal Plac	e of Business:	
5211 HES		110			
SANFORL	D, FL 32773	US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
301 BAY T	REE COURT				
SANFORE	D, FL 32773	US			
FEI Number:	: 59-3131142	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
NURMOH	AMED, MOHA	MEDBAQUIR S			
	REE COURT), FL 32773	US			
JANI-ORL	J, I L JZ113	00			
The above	named entity	submits this statement for the	nurnose of changing its register	red office or registered agent, or both,	
	e of Florida.		paragraphic register		
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	,) Delete	Title:	() Change () Addition	
		BOOR R			
Name:	JAGANI, MEHE		Name:		
Address:	274 VIA SIENA LAKE MARY, F	LANE	Name: Address: City-St-Zip:		
Address: City-St-Zip:	274 VIA SIENA LAKE MARY, F	LANE L 32746	Address: City-St-Zip:	() Change () Addition	
Address: City-St-Zip: Title:	274 VIA SIENA LAKE MARY, F	LANE L 32746) Delete	Address: City-St-Zip: Title:	()Change()Addition	
Address: City-St-Zip: Title: Name:	274 VIA SIENA LAKE MARY, F D (FAZAL, LIAKAT	LANE L 32746) Delete FALI R	Address: City-St-Zip: Title: Name:	()Change()Addition	
Address: City-St-Zip: Title: Name: Address:	274 VIA SIENA LAKE MARY, F D (FAZAL, LIAKAT	LANE EL 32746) Delete FALI R COVE APT. #101	Address: City-St-Zip: Title:	()Change ()Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip:	274 VIA SIENA LAKE MARY, F D (FAZAL, LIAKAT 1125 POINTE (LAKE MARY, F	LANE EL 32746) Delete FALI R COVE APT. #101 EL 32746	Address: City-St-Zip: Title: Name: Address: City-St-Zip:	• ()	
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I hereby certify that the information supplied with this filing does not qualify for the 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 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: MOHAMEDBAQUIR DIR 02/15/2005