
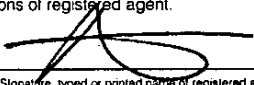
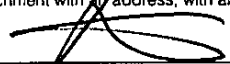


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90012 020 ****61.25

DOCUMENT # N38380			
1. Entity Name HUSSEINI ISLAMIC CENTER OF FLORIDA, INC.			
Principal Place of Business 5211 HESTER AVE SANFORD, FL 32773 US		Mailing Address 301 BAY TREE COURT SANFORD, FL 32773 US	
2. Principal Place of Business		3. Mailing Address <i>100 Randon Terrace</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Lake Mary, FL 32746</i>	
Zip	Country	Zip	Country
		<i>32746</i>	<i>USA</i>
4. FEI Number 59-3131142		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 NURMOHAMED, MOHAMEDBAQUIR S 301 BAY TREE COURT SANFORD, FL 32773		7. Name and Address of New Registered Agent Name: <i>ALTAF KARIM</i> Street Address (P.O. Box Number is Not Acceptable): <i>100 RANDON TERRACE</i> City: <i>LAKE MARY</i> FL Zip Code: <i>32746</i>	
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: 		Director of Finance 6/5/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by September 6, 2006		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	D <input checked="" type="checkbox"/> Delete	TITLE	<i>Jabir Chatterjee</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAZAL, LIAKATALI R	NAME	<i>President</i>
STREET ADDRESS	1125 POINTE COVE APT. #101	STREET ADDRESS	<i>758 Pauderham Circle</i>
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	<i>Lake Mary, FL 32746</i>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<i>Vice President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFER, SAJJAD H	NAME	<i>Mohammed Taki Abdulhussein</i>
STREET ADDRESS	2208 FOX QUARRY LANE	STREET ADDRESS	<i>2538 River tree Circle</i>
CITY-ST-ZIP	SANFORD, FL 32773	CITY-ST-ZIP	<i>Sanford, FL 32773</i>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<i>Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NURMOHAMED, MOHAMEDBAQUIR S	NAME	<i>Riyaz Jirray</i>
STREET ADDRESS	815 RAVENS CIRCLE #103	STREET ADDRESS	<i>8352 Greybank Ct</i>
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	<i>Sanford, FL 32771</i>
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<i>Director of Operations</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSAM, MOHAMMED A	NAME	<i>Mohammed Kassam</i>
STREET ADDRESS	1792 PINE BAY DRIVE	STREET ADDRESS	<i>1792 Pine bay Drive</i>
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	<i>Lake Mary, FL 32746</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<i>Director of Finance</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<i>ALTAF KARIM</i>
STREET ADDRESS		STREET ADDRESS	<i>100 Randon Terrace</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>Lake Mary, FL 32746</i>
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: 		Director of Finance 6/5/06. (407) 330-9355	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

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