2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002523

1. Entity Name
DARUL ULOOM FLORIDA, INC.

Principal Place of Business	Mailing Address
2350 OLD VINELAND RD. KISSIMMEE, FL 34746 US	2350 OLD VINELAND RD. KISSIMMEE, FL 34746 US

04202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3323166
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GASPERONI, EMIL A. JR.
931 WEKIVA SPRINGS RD
LONGWOOD, FL 32779

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MASROOR, MOHAMMAD
STREET ADDRESS	2350 OLD VINELAND RD.
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	D
NAME	KHAN, BASHIR H
STREET ADDRESS	2350 OLD VINELAND RD.
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	D
NAME	MOHAMMAD, ARIF UDDIN
STREET ADDRESS	2350 OLD VINEYARD RD.
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000532611
05/06/06-80088-020 61.25

DO NOT WRITE 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: X _____ 4/19/06 407-396-1172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #