

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002461

FILED
Apr 13, 2007
Secretary of State

Entity Name: AFTAB AND GUL CUMBER FAMILY FOUNDATION, INC.

Current Principal Place of Business:

10100 WEST SAMPLE ROAD
STE 205
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

10100 WEST SAMPLE ROAD
STE 205
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 31-1597499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUMBER, AFTAB A
10100 WEST SAMPLE ROAD
STE 205
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CUMBER, AFTAB A
Address: 10100 W SAMPLE RD, STE 205
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: CUMBER, GUL A
Address: 10100 W SAMPLE RD, STE 205
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: SURMAWALA, YOUSEF J
Address: 4001 NW 97 AVE, STE 201
City-St-Zip: MIAMI, FL 33178

Title: VD () Delete
Name: CUMBER, AFTAB A
Address: 10100 W. SAMPLE RD.
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: AFTAB CUMBER

D

04/13/2007

Electronic Signature of Signing Officer or Director

Date