
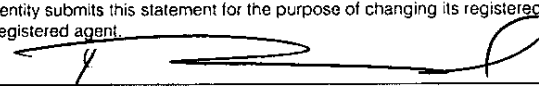
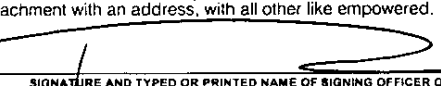


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90088 046 ***150.00

DOCUMENT # P07000078533 1. Entity Name AL-SALAM OF TALLAHASSEE INC			
Principal Place of Business 1018 THOMASVILLE RD SUITE 111A TALLAHASSEE, FL 32303 US		Mailing Address 1018 THOMASVILLE RD SUITE 111A TALLAHASSEE, FL 32303 US	
2. Principal Place of Business - No P.O. Box # 1603 W. Tennessee St Suite, Apt. #, etc.		3. Mailing Address 1603 W. Tennessee St Suite, Apt. #, etc.	
City & State Tallahassee, FL Zip 32304		City & State Tallahassee, FL Zip 32304	
Country USA		Country USA	
6. Name and Address of Current Registered Agent AWWAD, TRACY N 1018 THOMASVILLE RD STE 111A TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name TRACY AWWAD Street Address (P.O. Box Number is Not Acceptable) 1680 Metropolitan Circle City Tallahassee FL Zip Code 32308	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ABULABAN, MAÑAL 2029 CANTIGNY WAY TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT AWWAD, TRACY N 1018 THOMASVILLE RD, STE 111A TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TRACY AWWAD 1680 Metropolitan Circle Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DANNY OASEM 2570 BISHOP GREEN TRAIL TALL, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: 		Date 5/8 (850) 425-2609 Daytime Phone #	