

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754515

FILED  
May 09, 2008  
Secretary of State

**Entity Name:** ARAB-AMERICAN CULTURAL CENTER, INC.

**Current Principal Place of Business:**

2800 PONCE DE LEON 140  
140  
MIAMI, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2800 PONCE DE LEON 140  
140  
MIAMI, FL 33134 US

**New Mailing Address:**

**FEI Number:** 59-2088198 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GHAW, ELIAS  
6130 SW 93 AVE  
MIAMI, FL 33173 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: CORY, C.  
Address: 6000 SW 30 ST  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: WARWAR, YOLA  
Address: 3619 SW 42 AVE  
City-St-Zip: MIAMI, FL 331347110

Title: VP ( ) Delete  
Name: SHALHUB, DON  
Address: 6380 SW 44TH ST  
City-St-Zip: MIAMI, FL 33155

Title: SD ( ) Delete  
Name: COREY, FLORENCE  
Address: 6000 S W 30 ST  
City-St-Zip: MIAMI, FL 33155

Title: P/D ( ) Delete  
Name: GHAWI, ELIAS,  
Address: 6130 S.W. 93 AVE.  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: BELLAMY, A.M.  
Address: 291 W. 59 ST  
City-St-Zip: HIALEAH, FL 33012

**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:

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 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: DON SHALHUB

VP

05/09/2008

Electronic Signature of Signing Officer or Director

Date