

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000008486

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA MUSLIM BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

3350 SW 148TH AVE. STE. 110  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 260477  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

**FEI Number:** 51-0601191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOVASSAGHI, SAMAN  
3350 SW 148TH AVE., STE. 110  
MIRAMAR, FL 33027 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  
**Name:** WAHID, KHURRUM  
**Address:** PO BOX 260477  
**City-St-Zip:** PEMBROKE PINES, FL 33026

**Title:** D  
**Name:** BENJAMIN, CHRISTOPHER  
**Address:** PO BOX 260477  
**City-St-Zip:** PEMBROKE PINES, FL 33026

**Title:** D  
**Name:** MOVASSAGHI, SAMAN  
**Address:** PO BOX 260477  
**City-St-Zip:** PEMBROKE PINES, FL 33026

**Title:** D  
**Name:** FARUQUI, MOHAMMAD A  
**Address:** PO BOX 260477  
**City-St-Zip:** PEMBROKE PINES, FL 33026

I hereby 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 all other like empowered.

**SIGNATURE:** SAMAN MOVASSAGHI

D

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date