

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738794

**FILED**  
**May 08, 2013**  
**Secretary of State**  
**CC3230669529****Entity Name:** MUSLIM COMMUNITIES ASSOCIATION OF SOUTH FLORIDA,  
INC**Current Principal Place of Business:**4305 N.W. 183 ST.  
MIAMI, FL 33055**Current Mailing Address:**4305 N.W. 183 ST.  
MIAMI, FL 33055 US**FEI Number: 31-1290682****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MIRZA, KHALID M  
4305 NW 183 ST  
MIAMI, FL 33055 US*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**Officer/Director Detail :**Title DC  
Name MIRZA, KHALID M  
Address 4305 N.W. 183 ST.  
City-State-Zip: MIAMI FL 33055Title DST  
Name FAROOQI, TARIQ A  
Address 4305 N.W. 183 ST.  
City-State-Zip: MIAMI FL 33055Title DVC  
Name MANSURI, SHOYEB  
Address 4305 N.W. 183 ST.  
City-State-Zip: MIAMI FL 33055Title DSS  
Name SYED, AZRA  
Address 4305 N.W. 183 ST.  
City-State-Zip: MIAMI FL 33055Title DTR  
Name KASHEM, MOHAMMED A  
Address 4305 N.W. 183 ST.  
City-State-Zip: MIAMI FL 33055Title DWS  
Name SUBHANI, ZAKIA  
Address 4305 N.W. 183 ST.  
City-State-Zip: MIAMI FL 33055

*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: MIRZA KHALID M****DC****05/08/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date