

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1500002168

**Entity Name:** AISHA CULTURAL CENTERS, INC.

**Current Principal Place of Business:**

422 S. ALAFAYA TR.  
SUITE 29  
ORLANDO, FL 32828

**FILED**  
**Apr 29, 2021**  
**Secretary of State**  
**6101792753CC**

**Current Mailing Address:**

422 S. ALAFAYA TR.  
SUITE 29  
ORLANDO, FL 32828

**FEI Number:** 47-3304964

**Certificate of Status Desired:** No

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

HASSOUNEH, JAMAL  
422 S. ALAFAYA TR.  
SUITE 29  
ORLANDO, FL 32828 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 D  
Name HASSOUNEH, JAMAL  
Address 422 S. ALAFAYA TR. #29  
City-State-Zip: ORLANDO FL 32828

Title D  
Name ZEINI, MAMDOUH  
Address 422 S. ALAFAYA TR. #29  
City-State-Zip: ORLANDO FL 32828

Title D  
Name NASER, SALEH  
Address 422 S. ALAFAYA TR. #29  
City-State-Zip: ORLANDO FL 32828

Title D  
Name MIRZA, AFZAL  
Address 422 S. ALAFAYA TR. #29  
City-State-Zip: ORLANDO FL 32828

Title D  
Name ABUSUWA, JAMAL  
Address 422 S. ALAFAYA TR. #29  
City-State-Zip: ORLANDO FL 32828

Title D  
Name ZEINI, IBRAHIM  
Address 422 S. ALAFAYA TR. #29  
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR  
Name MAACH, MOURAD  
Address 17169 SUNFLOWER TRAIL  
City-State-Zip: ORLANDO FL 32828

*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:** JAMAL HASSOUNEH

**DIRECTOR**

**04/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date