

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000004078

**Entity Name:** KHEYRIA INFORMATION CENTER, INC.

**Current Principal Place of Business:**

2143 NW 103 STREET  
MIAMI, FL 33147

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**1310088949CC**

**Current Mailing Address:**

2143 NW 103 STREET  
MIAMI, FL 33147 US

**FEI Number: 83-4672567**

**Certificate of Status Desired: No**

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

BRHAN, AHMED MOHAMMED  
2143 NW 103 STREET  
MIAMI, FL 33147 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 BRHAN, AHMED MOHAMMED  
Address 2143 NW 103 STREET  
City-State-Zip: MIAMI FL 33147

Title D  
Name BRHAN, SUBREE  
Address 2143 NW 103 STREET  
City-State-Zip: MIAMI FL 33147

Title D  
Name BRHAN, NURIA  
Address 2143 NW 103 STREET  
City-State-Zip: MIAMI FL 33147

Title D  
Name BHRAN, FERHA  
Address 2143 NW 103 STREET  
City-State-Zip: MIAMI FL 33147

Title D  
Name BRHAN, ZEHIA  
Address 2143 NW 103 STREET  
City-State-Zip: MIAMI FL 33147

*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: BRHAN , AHMED MOHAMMED**

**REGISTERED AGENT**

**04/29/2024**

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

\_\_\_\_\_  
Date