2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008
Secretary of State

DOCUMENT# 754515

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