2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# 756111

Entity Name: THE AMERICAN-SALAM CHARITABLE FOUNDATION OF MIAMI, INC.

Current Principal Place of Business:

8401 SW 5TH ST
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8401 SW 5TH ST
MIAMI, FL 33144

New Mailing Address:

FEI Number: 59-6487232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILBERT, CAMILLE
8401 SW 5TH ST
MIAMI, FL 33144 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: PD ( ) Delete
Name: SHAHEEN, ALBERT
Address: 6801 SW 80TH AVE
City-St-Zip: MIAMI, FL 33143

Title: VPD ( ) Delete
Name: ISRIEL, RONALD
Address: 6300 SW 109TH ST
City-St-Zip: MIAMI, FL 33156

Title: TD ( ) Delete
Name: GILBERT, CAMILLE
Address: 8401 SW 5TH ST
City-St-Zip: MIAMI, FL 33144

Title: VPD ( ) Delete
Name: GILBERT, KENNETH
Address: 7655 S.W. 52ND CT.
City-St-Zip: MIAMI, FL 33143

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: VPD (X) Change ( ) Addition
Name: LAWRENCE, MICHAEL
Address: 7280 S.W. 100TH ST
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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: CAMILLE GILBERT TD 01/06/2006

Electronic Signature of Signing Officer or Director — Date