


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90476 037 ****61.25

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|--|-------------------------------------|--|---|---|--|
| DOCUMENT # 762393 | | | |  | |
| 1. Entity Name ISLAMIC COMMUNITY OF SOUTH WEST FLORIDA, INC. | | | | | |
| Principal Place of Business 25148 HARBOR VIEW RD CHARLOTTE HARBOR, FL 33980 | | Mailing Address 25148 HARBOR VIEW RD CHARLOTTE HARBOR, FL 33980 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 04242006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2207380 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ISLAM, SARFRAZ M 105 S.W. GRAHAM ST. PORT CHARLOTTE, FL 33952 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MOOPEN, MOIDEEN | | NAME | | |
| STREET ADDRESS | 2490 ABCOTT ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | PORT CHARLOTTE, FL | | CITY-ST-ZIP | | |
| TITLE | M | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KHALDI, NASIR | | NAME | | |
| STREET ADDRESS | 2595 HARBOR BLVD | | STREET ADDRESS | P.O. Box 496420 | |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33952 | | CITY-ST-ZIP | 33949-6420 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KHAN, SAFRAN | | NAME | | |
| STREET ADDRESS | 18590 LARAOCHÉ DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | PUNTA GORDA, FL 33955 | | CITY-ST-ZIP | | |
| TITLE | M | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ISLAM, SARFAX | | NAME | | |
| STREET ADDRESS | 105 SW GRAHAM ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33952 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | S Miftah Kemal | |
| STREET ADDRESS | | | STREET ADDRESS | 21216 Olean Blvd Suite 3 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Port Charlotte, FL 33952 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ | | | Date: 4/26/06 Daytime Phone #: 991-683-1391 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |