2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000005372

1. Entity Name
AL SALAM CLUB OF DAYTONA BEACH, INC.

Principal Place of Business	Mailing Address
290 N US HWY 1 ORMOND BEACH, FL 32174	290 N US HWY 1 ORMOND BEACH, FL 32174

03092004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3700292
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SABOUNGI, MAHMOUD
290 N US HWY 1
ORMOND BEACH, FL 32174

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000088609
03/15/04-80058-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VASKEN, FAKRAJIAN
STREET ADDRESS	541 RIVERSIDE DR.
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	TD
NAME	KHABAZEH, MOUNIR
STREET ADDRESS	980 CANALVIEW BLVD STE K4
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	D
NAME	AFGHANI, ALI
STREET ADDRESS	5955 MARVILLE CIRCLE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	VD
NAME	CHROUKI, SALLOUM
STREET ADDRESS	14 SUGARBERRY CIRCLE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	SD
NAME	MANOUSH, FAKRAJIAN
STREET ADDRESS	541 RIVERSIDE DR.
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	D
NAME	DAUD, ALBERT
STREET ADDRESS	1429 N. ATLANTIC AVE. #431
CITY-ST-ZIP	DAYTONA BEACH, FL 32118

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: M. Khabazeh KHABAZEH, MOUNIR 3/9/04 386-299-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #