2005 NOT-FOR-PROFIT CORPORATION

Jan 31, 2005 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # N00000005372 01-31-2005 90060 024 ****61.25 AL SÁLAM CLUB OF DAYTONA BEACH, INC. Principal Place of Business Mailing Address 290 N US HWY 1 290 N US HWY 1 ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3700292 Applied For Not Applicable Zip \$8.75 Additional Country Ziρ Country 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SABOUNGI, MAHMOUD Street Address (P.O. Box Number is Not Acceptable) 290 N US HWY 1 ORMOND BEACH, FL 32174 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) CATE \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD Delete TITLE TITLE ☐ Addition ☐ Change NAME VASKEN, FAKRAJIAN NAME STREET ADDRESS STREET ADDRESS 541 RIVERSIDE DR. CITY-ST-ZIP ORMOND BEACH, FL 32176 CITY-ST-ZIP TD TITLE ☐ Delete ΠΠF 1521 Change ☐ Addition NAME KHABAZEH, MOUNIR NAME 103 WEST OHIO AVE. STREET ADDRESS 980 CANALVIEW BLVD STE K4 STREET ADDRESS DELAND, FL 32720 CITY-ST-ZIP PORT ORANGE, FL 32127 CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition AFGHANI, ALI NAME NAME STREET ADDRESS 5955 MARVILLE CIRCLE STREET ADDRESS PORT ORANGE, FL 32127 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition SALLOUM, A. CHAOUKI CHROUKI, SALLOUM NAME STREET ADDRESS 14 SUGARBERRY CIRCLE STREET ADDRESS CITY - ST - ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME MANOUSH, FAKRAJIAN NAME STREET ADDRESS 541 RIVERSIDE DR. STREET ADDRESS ORMOND BEACH, FL 32176 CITY-ST-7IP CITY-ST-7IP

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. (386)

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

DAUD, ALBERT

STREET ADDRESS 1429 N. ATLANTIC AVE. #431

DAYTONA BEACH, FL 32118

TITLE

NAME

Delete

FILED

☐ Change

Addition