


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

01-12-2006 90195 035 ****70.00

DOCUMENT # N01000005887			
1. Entity Name ISLAMIC EDUCATION CENTER OF FLORIDA INC.			
Principal Place of Business 6908 EASTER ST STE A WINTER PARK, FL 32792		Mailing Address P.O BOX 677671 ORLANDO, FL 32867	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3735515		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOULAVI, DEBBIE 2284 RED EMBER RD. OVIEDO, FL 32765		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 renaming)</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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOULAVI, DEBBIE	NAME	Merchant, Shabeer
STREET ADDRESS	2284 RED EMBER RD.	STREET ADDRESS	238 Fairway Point Circle
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP	Orlando, FL 32828
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARIM, HASNAIN	NAME	Abbas, Hadi
STREET ADDRESS	2551 DWYER LANE	STREET ADDRESS	10822 Buck Rd.
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	Orlando, FL 32817
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOTASH, ALI	NAME	Rizvi, Najahat
STREET ADDRESS	5450 VINELAND ROAD	STREET ADDRESS	8997 Lee Vista Blvd.
CITY-ST-ZIP	ORLANDO, FL 32811	CITY-ST-ZIP	Orlando, FL 32829
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERCHANT, TABASSUM	NAME	Sajeri, Behrooz
STREET ADDRESS	238 FAIRWAY POINT CIRCLE	STREET ADDRESS	12635 Victoria Place Circle
CITY-ST-ZIP	ORLANDO, FL 32828	CITY-ST-ZIP	Orlando, FL 32828
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEIN, YOUSEF	NAME	
STREET ADDRESS	2890 NESMITH COURT	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAJDA, MOHMOUD	NAME	
STREET ADDRESS	679 MONTEGOBY BAY CT	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32792	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: <i>Debbie Moulavi</i> (Pres)		01/06/06 (1) 407-421-6265	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



ATTACHMENT

66001271

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2006

ISLAMIC EDUCATION CENTER OF FLORIDA INC.
P.O BOX 677671
ORLANDO, FL 32867

Subject: ISLAMIC EDUCATION CENTER OF FLORIDA INC.

Reference Number: N01000005887

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report has not been filed and a copy is being returned for the following correction(s):

done Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION