NOT

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/10/2004-90003-031-$61.25-$61.25

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

54072370

DOCUMENT # N02000002630

1. Entity Name

SHAMSUDDIN ISLAMIC CENTER IN

Principal Place of Business	Mailing Address
365 N.E. 167 ST. N. MIA BCH. FL 33162	365 N.E. 167 ST. N. MIA BCH. FL. 33162

05192004 Chg-P CR2E034 (10/03)

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 56-2481336 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAUF A. 1282 N.E. 163 ST. N. MIAMI BCH. FL. 33162	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: [signature] 8/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $~~60.00~~ 61.25
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D MOHAMED SHAZAM ☐ Delete 1441 N.E. 171 ST. #1 N. MIA BCH. FL. 33162	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAEL A. RAUF ☐ Change ☒ Addition 1282 N.E. 163 ST. N. MIAMI BCH. FL. 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D LYAMOURI MUSTAPHA ☐ Delete 600 N.E. 195 ST. MIAMI FL. 33179	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D ABDN ABDULRAHIM ☐ Delete 17300 N.W. 68 AVE. #203 MIAMI FL 33015	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOAD FARAHK ☐ Delete 5337 N.W. 93 Terr. SUNRISE FL. 33351	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILSHAIR SHUKRI ☒ Delete 6124 S.W. 17 ST MIRAMAR, FL. 33023	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUSTAFA NASAR A ☐ Delete 15701 N.W 2 AVE #208 MIAMI, FL. 33169	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

JAMAL M

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 607, 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: [signature] 8/30/04 (305)949-3873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #