

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002630

1. Entity Name
SHAMSUDDIN ISLAMIC CENTER, INC.



Principal Place of Business
**365 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**1282 N.E. 163 ST
NORTH MIAMI BEACH, FL 33162**



05022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**RAUF, A.
1282 N.E. 163 STREET
NORTH MIAMI BEACH, FL 33162**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MOHAMED, SHAZAM
STREET ADDRESS 1441 NE 171ST STREET #1
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE SD
NAME LYMOURI, MUSTAPHA
STREET ADDRESS 600 NE 195TH STREET
CITY-ST-ZIP MIAMI, FL 33179

TITLE TD
NAME ABDO, ABDULRAHIM
STREET ADDRESS 17300 NW 68TH AVE #203
CITY-ST-ZIP MIAMI, FL 33015

TITLE D
NAME FOAD, FARAHD K
STREET ADDRESS 5337 N.W. 93 TERR
CITY-ST-ZIP SUNRISE, FL 33351

TITLE D
NAME RAUF, MICHAEL A
STREET ADDRESS 1282 N.E. 163 STREET
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE D
NAME MUSTAFA, NASAR A
STREET ADDRESS 15701 N.W. 2 AVE., #208
CITY-ST-ZIP MIAMI, FL 33169

05/05/05-80140-024 61.25

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IN THIS SPACE**

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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #