

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002630

FILED  
Sep 06, 2006  
Secretary of State

**Entity Name:** SHAMSUDDIN ISLAMIC CENTER, INC.

**Current Principal Place of Business:**

365 NE 167TH STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 56-2481336      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MOHAMED, SHAZAM  
Address: 1441 NE 171ST STREET #1  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SD      ( ) Delete  
Name: LYMOURI, MUSTAPHA  
Address: 600 NE 195TH STREET  
City-St-Zip: MIAMI, FL 33179

Title: TD      ( ) Delete  
Name: ABDU, ABDULRAHIM  
Address: 17300 NW 68TH AVE #203  
City-St-Zip: MIAMI, FL 33015

Title: D      ( ) Delete  
Name: FOAD, FARAHD K  
Address: 5337 N.W. 93 TERR  
City-St-Zip: SUNRISE, FL 33351

Title: D      ( ) Delete  
Name: RAUF, MICHAEL A  
Address: 1282 N.E. 163 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D      ( ) Delete  
Name: MUSTAFA, NASAR A  
Address: 15701 N.W. 2 AVE., #208  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAZAM MOHAMED

P

09/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date