

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000015

FILED
May 06, 2004
Secretary of State**Entity Name:** THE FOUNDATION FOR KHUMS AND ZAKAT INC.**Current Principal Place of Business:**11500 SUMMIT WEST BLVD #3D
TAMPA, FL 33617**New Principal Place of Business:**7628 N 56TH ST
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TAMPA, FL 33617**Current Mailing Address:**11500 SUMMIT WEST BLVD #3D
TAMPA, FL 33617**New Mailing Address:**PO BOX 291878
TAMPA, FL 33687**FEI Number:** 30-0136993**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BAIG, MIRZA M
11500 SUMMIT WEST BLVD #3D
TAMPA, FL 33617**Name and Address of New Registered Agent:**BAIG, MIRZA M
30517 CLEARVIEW DR
ZEPHYRHILLS, FL 33544

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: MIRZA M BAIG

05/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SADIQUE, WAHEED
Address: 13419 THOMSAVILLE CIRCLE
City-St-Zip: TAMPA, FL 33617

Title: S () Delete
Name: MOMENI, SYRUS
Address: 10811 VENICE CIRCLE
City-St-Zip: TAMPA, FL 33635

Title: VP () Delete
Name: AMAR, NABILE
Address: 14401 HELLENIC DR #88
City-St-Zip: TAMPA, FL 33613

Title: T () Delete
Name: BAIG, MIRZA M
Address: 11500 SUMMIT WIST BL #3D
City-St-Zip: TAMPA, FL 33617

Title: AS (X) Delete
Name: CHAUHAN, SUNAY
Address: 14401 HELLENIC DR #G8
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SADIQUE, WAHEED
Address: 13419 THOMSAVILLE CIRCLE
City-St-Zip: TAMPA, FL 33617

Title: T (X) Change () Addition
Name: MOMENI, SYRUS
Address: 10811 VENICE CIRCLE
City-St-Zip: TAMPA, FL 33635

Title: S (X) Change () Addition
Name: RAZA, SYED
Address: 4112 MULLEN AVE
City-St-Zip: TAMPA, FL 33607

Title: P (X) Change () Addition
Name: AMAR, NABILE
Address: 14401 HELLENIC DR #B8
City-St-Zip: TAMPA, FL 33613

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 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 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: WAHEED SADIQUE

VP

05/06/2004

Electronic Signature of Signing Officer or Director

Date