

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000422

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** INTERNATIONAL AUTISM RESOURCE FOUNDATION, INC.

**Current Principal Place of Business:**

4890 SW 182ND TERRACE  
FORT LAUDERDALE, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

4890 SW 182ND TERRACE  
FORT LAUDERDALE, FL 33166

**New Mailing Address:**

**FEI Number:** 65-1217998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NASSER, MONA  
4890 SW 182ND TERRACE  
FORT LAUDERDALE, FL 33166 US

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

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: DP ( ) Delete  
Name: NASSER, MONA M  
Address: 4890 SW 182ND TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33166

Title: DV ( ) Delete  
Name: NASSER, MOUSTAFA H  
Address: 4890 SW 182ND TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33166

Title: DT ( ) Delete  
Name: BRAVO, LUISA M  
Address: 13205 SW 137TH AVENUE SUITE 223  
City-St-Zip: MIAMI, FL 33186

Title: DS ( ) Delete  
Name: ALLI, FOUAD  
Address: 1512 SPRING SIDE DRIVE  
City-St-Zip: WESTON, FL 33326

**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:

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: MONA M NASSER

DP

04/26/2006

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

\_\_\_\_\_  
Date