

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002818

FILED  
Apr 07, 2005  
Secretary of State

Entity Name: MUSLIM TEACHERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

11635 NE 21ST DRIVE  
MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

11635 NE 21ST DRIVE  
MIAMI, FL 33181

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BENJAMIN, CHRISTOPHER E ESQ.  
19 WEST FLAGLER STREET, SUITE 510  
MIAMI, FL 33130 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: PD ( ) Delete  
Name: SALAHUDDIN, PATRICIA  
Address: 11635 NE 21ST DRIVE  
City-St-Zip: MIAMI, FL 33181

Title: VD ( ) Delete  
Name: EL-KOLALI, KAMELIA  
Address: 6321 SW 26TH STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: TD ( ) Delete  
Name: KHAN-GHANY, NAIMA  
Address: 6321 SW 26TH STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: SD ( ) Delete  
Name: SHAKIR, LINDA  
Address: 18202 NW 6TH PLACE  
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:

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: PATRICIA SALAHUDDIN

PD

04/07/2005

Electronic Signature of Signing Officer or Director

Date