2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004267

Entity Name: CLEARWATER DAWA CENTER INC.

FILED Aug 18, 2004 Secretary of State

Current P	rincipal Place of Business:	New Principal Place o	New Principal Place of Business:	
	RWATER LARGO ROAD ATER, FL 33756 US			
Current N	lailing Address:	New Mailing Address	New Mailing Address:	
	RWATER LARGO ROAD ATER, FL 33756 US			
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of	New Registered Agent:	
YAMANI, MOHAMMAD I 3012 WHITNEY ROAD CLEARWATER, FL 33760 US			9745-LAKE SEMINOLE DR. E	
	e named entity submits this statement for the e of Florida.	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE: SHAFE UL HUDA		08/18/2004	
	Electronic Signature of Registered Ag	gent	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete PAPA, IMRAN 2586 11TH AVENUE SW LARGO, FL 33770 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete HUDA, SHAFE U 9745 LAKE SEMINOLE DRIVE LARGO, FL 33773 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete SORATHIA, YAHYAH 7801 CATWOOD AVENUE TAMPA, FL 33637 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete YAMANI, MOHAMMAD I 3012 WHITNEY ROAD CLEARWATER, FL 33760 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete RAZAK, ABDUL K	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: SHAFE UL HUDA D 08/18/2004

11335 PRUETT ROAD

SEFFNER, FL 33584 US

Address:

City-St-Zip: