

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000010004

1. Entity Name
INTERNATIONAL LEAGUE OF MUSLIM WOMEN, INC.



Principal Place of Business

**3504 GARDEN LANE
MIRAMAR, FL 33023 US**

Mailing Address

**PO BOX 21227
WEST PALM BEACH, FL 33416 US**



03082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1235485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALI, KARIMAH F
3504 GARDEN LANE
MIRAMAR, FL 33023**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HANIF, ANEESHA
STREET ADDRESS 3100 EL CAMINO REAL
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE VP
NAME ALI, HANAN K
STREET ADDRESS 18522 NW 23RD COURT
CITY-ST-ZIP MIAMI GARDENS, FL 33056

TITLE SEC
NAME ALI, KARIMAH F
STREET ADDRESS 3504 GARDEN LANE
CITY-ST-ZIP MIRAMAR, FL 33023

TITLE TRES
NAME MALIK, GUANA
STREET ADDRESS 17330 NW 53RD COURT
CITY-ST-ZIP MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000748768
05/17/07-80082-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Aneesha Hanif

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

Date

561-615-6743

Daytime Phone #