# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 25, 2005**
**Secretary of State**

DOCUMENT# N04000010340

**Entity Name:** MASJED AHL AL SUNNAH, INC

**Current Principal Place of Business:**

4334 W WATERS AVE
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4334 W WATERS AVE
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number: 20-1846927** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FIAZUDEEN HOSEIN
9603 BRANSIDE PL
TAMPA, FL 34652 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: P ( ) Delete
Name: HOSEIN, FIAZUDEEN
Address: 9603 BARNSIDE PL
City-St-Zip: TAMPA, FL 34652

Title: V ( ) Delete
Name: MOHAMED, YOUSSOUF
Address: 7804 RIVERINE ROAD
City-St-Zip: TAMPA, FL 33637

Title: T ( ) Delete
Name: MACEDONIO, ANGELO
Address: 4245 MESA DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S ( ) Delete
Name: HASSAN, SUBHAE
Address: 4620 COUNTRY HILLS DRIVE
City-St-Zip: TAMPA, FL 33624

Title: V ( ) Delete
Name: ALI, QAISAR
Address: 3704 SWINGWAY ST #105
City-St-Zip: TAMPA, FL 33614

**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:

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: FIAZ P 03/25/2005

Electronic Signature of Signing Officer or Director — Date