


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90027 043 \*\*\*\*61.25

<b>DOCUMENT # N05000000565</b> 1. Entity Name <b>SENIOR CITIZENS ISLAMIC SOCIETY, INC.</b>					
Principal Place of Business <b>6633 FICUS DRIVE MIRAMAR, FL 33023</b>			Mailing Address <b>6633 FICUS DRIVE MIRAMAR, FL 33023</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	DP <input type="checkbox"/> Delete <b>KHAN, UNA MOHAMMED</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	<b>6633 FICUS DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIRAMAR, FL 33023</b>		CITY-ST-ZIP		
TITLE	DVP <input type="checkbox"/> Delete <b>MOHAMED, SAKINA</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	<b>6633 FICUS DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIRAMAR, FL 33023</b>		CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete <b>KHAN, NEVILLE Y.</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	<b>6633 FICUS DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIRAMAR, FL 33023</b>		CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete <b>BAKSH, AMENA</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	<b>6633 FICUS DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIRAMAR, FL 33023</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Neville Y. Khan</i> <b>NEVILLE Y. KHAN</b>			4/29/06 (954) 964-4293		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		