


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/3

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-03-2006 90109 022 ****61.25

66005528

DOCUMENT # N05000001722					
1. Entity Name ISLAMIC WELFARE FOUNDATION INC (MAURITIUS)					
Principal Place of Business 201 NW 82ND AVENUE #506 PLANTATION, FL 33324			Mailing Address 201 NW 82ND AVENUE #506 PLANTATION, FL 33324		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FE# Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01052008 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAMUTH, YUSOOF 201 NW 82ND AVENUE #506 PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C UTEEM CSK, RESHAD RAOUL FOLLFREAU STREET BEAU BASSIN, MAURITIUS. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUMODHEE, KHODADEEN 116 SIR EDGAR LAURENT STREET PORT LOUIS, MAURITIUS. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LALMAHAMOOD OSK, MOHAMMAD S 18 DAUPHINE STREET PORT LOUIS, MAURITIUS. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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: _____		3/1/2006. 954 473 1300			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

Handwritten: 3/13/06



ATTACHMENT
66005528

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2006

ISLAMIC WELFARE FOUNDATION INC (MAURITIUS)
201 NW 82ND AVENUE #506
PLANTATION, FL 33324

Subject: ISLAMIC WELFARE FOUNDATION INC (MAURITIUS)

Reference Number: N05000001722

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cd
ANNUAL REPORTS SECTION

P.O. BOX 6327 - Tallahassee, Florida 32314

Thank You
corrected
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This is new
for me.