

**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**

|   |  |   |
|---|--|---|
| <b>DOCUMENT # N05000001722</b>                                      |  |  |
| 1. Entity Name<br><b>ISLAMIC WELFARE FOUNDATION INC (MAURITIUS)</b> |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>201 NW 82ND AVENUE #506<br>PLANTATION, FL 33324 | Mailing Address<br>201 NW 82ND AVENUE #506<br>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 |
| 6. Name and Address of Current Registered Agent<br><br>HAMUTH, YUSOOF<br>201 NW 82ND AVENUE #506<br>PLANTATION, FL 33324  |                     | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming) DATE \_\_\_\_\_

|   |  |   |  |   |
|---|--|---|--|---|
| 9. Filing Fee is \$81.25<br>Due by May 1, 2008 <i>CH/19</i> |  | 10. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees | 11. Make check payable to<br>Florida Department of State |   |
| 10. OFFICERS AND DIRECTORS                                  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | C<br>UTEEM CSK, RESHAD<br>RAOUL FOLLFREAU STREET<br>BEAU BASSIN, MAURITIUS.        | <input type="checkbox"/> Delete   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | V<br>SUMODHEE, KHODADEEN<br>116 SIR EDGAR LAURENT STREET<br>PORT LOUIS, MAURITIUS. | <input type="checkbox"/> Delete   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | S<br>LALMAHAMOOD OSK, MOHAMMAD S<br>18 DAUPHINE STREET<br>PORT LOUIS, MAURITIUS.   | <input type="checkbox"/> Delete   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |  | <input type="checkbox"/> Delete   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |  | <input type="checkbox"/> Delete   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |  | <input type="checkbox"/> Delete   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Yuseef*

SIGNATURE AND TYPE/ OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2006. 954 473 1300  
Date Daytime Phone #

3/1/2006



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.

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ANNUAL REPORTS SECTION

P.O. BOX 6327 - Tallahassee, Florida 32314

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(1)

This is new  
for me.