

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N05000001722

1. Entity Name

ISLAMIC WELFARE FOUNDATION INC (MAURITIUS)



FILED

**Apr 13, 2007 8:00 am
Secretary of State**

04-13-2007 90173 049 ****61.25



1st MOORE CR2E037 (10/06)

Principal Place of Business		Mailing Address					
201 NW 82ND AVENUE #506 PLANTATION FL 33324		201 NW 82ND AVENUE #506 PLANTATION FL 33324					
2. Principal Place of Business - No P O Box #		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				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

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

(NOTE: Registered Agent signature required when re-issuing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME STREET ADDRESS CITY ST ZIP	C UTEEM CSK, RESHAD RAOUL FOLLFREAU STREET BEAU BASSIN, MAURITIUS	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY ST ZIP	V SUMODHEE, KHODEEEN 116 SIR EDGAR LAURENT STREET PORT LOUIS, MAURITIUS	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

SIGNATURE: *Hamuth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2007

954
473 1300

Date

Daytime Phone #