


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

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

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

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|---|---|
| DOCUMENT # N05000001722 |  |
| 1. Entity Name ISLAMIC WELFARE FOUNDATION INC (MAURITIUS) | |

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|---|---|
| Principal Place of Business 201 NW 82ND AVENUE #506 PLANTATION FL 33324 | Mailing Address 201 NW 82ND AVENUE #506 PLANTATION FL 33324 |
|---|---|

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|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



1st MOORE CR2E037 (10/06)

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| 4. FEI Number NO-T APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HAMUTH, YUSOOF 201 NW 82ND AVENUE #506 PLANTATION FL 33324 | |
| 7. Name and Address of New Registered Agent 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 reinstating) DATE _____

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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, KHODADEEN 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 |
| NAME STREET ADDRESS CITY ST ZIP | S LALMAHAMOOD OSK, MOHAMMAD S 18 DAUPHINE 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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4/4/2007

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