

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000006766**

1. Entity Name

ISLAMIC CENTER OF PALM BEACH, INC.



Principal Place of Business

5270 TRAVELERS WAY  
PALM BCH GARDENS, FL 33418

Mailing Address

PO BOX 30684  
WEST PALM BEACH, FL 33420



01182007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

20-3167881

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SHARIFF, ADNAN  
155 SPOONBILL CT.  
JUPITER, FL 33488

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAKLI, MURTAZA
STREET ADDRESS	5270 TRAVELERS WAY
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33418
TITLE	V
NAME	MANSOOR, ALAM
STREET ADDRESS	104 EGRET DR
CITY- ST- ZIP	JUPITER, FL 33458
TITLE	T
NAME	HOSSAIN, RUBINA
STREET ADDRESS	8116 BAUTUSTA WAY
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33418
TITLE	S
NAME	ALI, MUHAMMAD
STREET ADDRESS	106 ALEGRIA WAY
CITY- ST- ZIP	PALM BCH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000616795  
02/07/07-80044-009 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07

Date

561-622-5031

Daytime Phone #