


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90065 006 \*\*\*\*61.25

|   |         |                           |   |   |  |
|---|---------|---------------------------|---|---|--|
| <b>DOCUMENT # N06000006379</b>  |         |                           |   |  |  |
| <b>1. Entity Name</b><br>THE SUDANESE AMERICAN COMMUNITY OF SOUTH FLORIDA, INC. |         |                           |   |   |  |
| <b>Principal Place of Business</b><br>1803 SW 173RD AVENUE<br>MIRAMAR, FL 33029 |         |                           | <b>Mailing Address</b><br>1803 SW 173RD AVENUE<br>MIRAMAR, FL 33029 |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                           |         | <b>3. Mailing Address</b> |   |   |  |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.       |   |   |  |
| City & State  |         | City & State              |   |   |  |
| Zip   | Country | Zip                       | Country   |   |  |

04082007    Chg-NP    CR2E037 (12/06)

|  |  |  |
|--|--|--|
| <b>4. FEI Number</b><br>22-3935536                               |  | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b>                  |

|  |  |  |  |
|--|--|--|--|
| <b>6. Name and Address of Current Registered Agent</b>                     |  | <b>7. Name and Address of New Registered Agent</b>                 |  |
| SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 reappointing)    **DATE** \_\_\_\_\_

|   |  |                                    |
|---|--|------------------------------------|
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
| <b>Make check payable to Florida Department of State</b>  |  |                                    |

| 10. OFFICERS AND DIRECTORS  |                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10             |                                 |      |                   |  |                |                      |  |             |                   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|---|----------------------|---|---------------------------------|------|-------------------|--|----------------|----------------------|--|-------------|-------------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
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| NAME  | IDRIS, ABDULKADER    |   |                                 |      |                   |  |                |                      |  |             |                   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 1803 SW 173RD AVENUE |   |                                 |      |                   |  |                |                      |  |             |                   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| NAME  | ELTAHIR, SAYED A     |   |                                 |      |                   |  |                |                      |  |             |                   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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**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:** ABDULKADER-IDRIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/07    (954) 548-1954  
Date    Daytime Phone #