

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008486

FILED
Feb 26, 2009
Secretary of State

Entity Name: FLORIDA MUSLIM BAR ASSOCIATION, INC.

Current Principal Place of Business:

2866 SW 130 TERRACE
MIRAMAR, FL 33027

New Principal Place of Business:

115 NW 167TH ST., THIRD FLOOR
NORTH MIAMI BEACH, FL 33169

Current Mailing Address:

PO BOX 260477
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 51-0601191 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASAD, BA-YUNUS
2866 SW 130 TERRACE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

MOVASSAGHI, SAMAN
115 NW 167TH ST., THIRD FLOOR
NORTH MIAMI BEACH, FL 33169 US

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.

SIGNATURE: SAMAN MOVASSAGHI

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BA-YUNUS, ASAD
Address: PO BOX 260477
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: MIRZA, ASSAD S
Address: PO BOX 260477
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: TAGHRID, HASSAN
Address: PO BOX 260477
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: MOVASSAGHI, SAMAN
Address: PO BOX 260477
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HASSAN, TAGHRID
Address: PO BOX 260477
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D (X) Change () Addition
Name: ZEINI, ABDULLAH
Address: PO BOX 260477
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D (X) Change () Addition
Name: MOVASSAGHI, SAMAN
Address: PO BOX 260477
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D (X) Change () Addition
Name: FARUQUI, MOHAMMAD A
Address: PO BOX 260477
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMAN MOVASSAGHI

D

02/26/2009

Electronic Signature of Signing Officer or Director

Date