2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009699

KAPO, HASAN

4618 83RD AVENUE NORTH

PINELLAS PARK, FL 33781

Name:

Address:

City-St-Zip:

Entity Name: BOSANSKI MESDZID, INC

Jul 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7225 49TH STREET NORTH PINELLAS PARK, FL 33781 **Current Mailing Address: New Mailing Address:** 7225 49TH STREET NORTH PINELLAS PARK, FL 33781 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZENKIC, ALMIR 4915 9TH STREET NORTH US ST PETERSBURG, FL 33703 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ZENKIC, ALMIR Name: Name: 4915 9TH STREET NORTH Address: Address: City-St-Zip: ST PETERSBURG, FL 33703 City-St-Zip: Title: Title: () Delete () Change () Addition Name: RAMIC, ISEMT Name: Address: 771 74 AVE N Address: City-St-Zip: ST PETERSBURG, FL 33702 City-St-Zip: Title: () Delete Title: () Change () Addition DURAKOVIC, SALIM Name: Name: Address: 773 71ST AVE N Address: City-St-Zip: ST PETERSBURG, FL 33702 City-St-Zip: () Delete Title: Title: () Change () Addition JUSUFOVIC, SAMED Name: Name: 4861 83RD TERRACE NORTH Address: Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALMIR ZENKIC P 07/21/2008