

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011053

FILED  
Mar 14, 2008  
Secretary of State

Entity Name: CLEARWATER DAWA CENTER,INC

**Current Principal Place of Business:**

560-CLEARWATER LARGO RD. N  
LARGO, FL 33756 US

**New Principal Place of Business:**

**Current Mailing Address:**

560-CLEARWATER LARGO RD. N  
LARGO, FL 33770 US

**New Mailing Address:**

FEI Number: 57-1168189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUDA, SHAFE U  
560-CLEARWATER LARGO ROAD.N.  
LARGO, FL 33770 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: PAPA, IMRAN  
Address: 2586 11TH AVE,SW  
City-St-Zip: LARGO, FL 33770 US

Title: D ( ) Delete  
Name: HUDA, SHAFE U  
Address: 1750-MEHLROSE AVE  
City-St-Zip: BELLEAIR, FL 33756 US

Title: D ( ) Delete  
Name: YAMANI, MOHAMMAD I  
Address: 505 SUNNY LANE,INDIAN ROCK RD.  
City-St-Zip: BELLEAIR, FL 33756 US

Title: D ( ) Delete  
Name: SORATHIA, YAHYAH  
Address: 7801 CATWOOD AVENUE  
City-St-Zip: TAMPA,, FL 33637 US

Title: D ( ) Delete  
Name: RAZAK, ABDUL K  
Address: 11335 PRUETT RD.  
City-St-Zip: SEFFNER, FL 33584 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: S.HUDA

TREA

03/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date