

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17276

FILED
Apr 12, 2009
Secretary of State

Entity Name: THE MUSLIM FRIENDS OF FLORIDA INTERNATIONAL, INC.

Current Principal Place of Business:

2182 U.S HWY ONE
FORT PIERCE, FL 34946 US

New Principal Place of Business:

Current Mailing Address:

P O BOX15009
FORT PIERCE, FL 34979 US

New Mailing Address:

FEI Number: 59-2757412 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOHAMMED, FAZAL TRE
6148 NW GATUN DR.
PORT ST. LUCIE, FL 34986 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: PRES () Delete
Name: SHADANI, ABDUL-RAOOF PRES
Address: 2651 S. INDIAN RIVER DR.
City-St-Zip: FORT PIERCE, FL 34950

Title: V.P. () Delete
Name: SHAIKH, LIAQUDDDEEN V.P
Address: 1601 LAUREL LEAF LANE (A)
City-St-Zip: FORT PIERCE, FL 34950

Title: TRE () Delete
Name: FAZAL, MOHAMMED D
Address: 6148 NW GATUN DR.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D () Delete
Name: AKTHER, AZIM D
Address: 2182 US HWY ONE
City-St-Zip: FORT PIERCE, FL 34946

Title: D () Delete
Name: MUSTAFA, WALED D
Address: 349 NW TYLER AVE.
City-St-Zip: FORT PIERCE, FL 34954

Title: D () Delete
Name: RAZUMAN, MOHAMMAD D
Address: 2182 US HWY ONE
City-St-Zip: FORT PIERCE, FL 34946

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
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Address:
City-St-Zip:

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

Title: () Change () Addition
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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: MOHAMMED,FAZAL

TRE

04/12/2009

Electronic Signature of Signing Officer or Director

Date