


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N34183**  
 1. Entity Name  
 SCHOOL OF ISLAMIC STUDIES OF BROWARD INC.



Principal Place of Business      Mailing Address  
 4505 N.W. 103RD AVENUE      4505 N.W. 103RD AVENUE  
 SUNRISE, FL 33351 US      SUNRISE, FL 33351 US

**DO NOT WRITE IN THIS SPACE**



07112006 No Chg-NP      CR2E037 (4/06)

4. FEI Number 35-0522362	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 QURESHI, ZAHID  
 7326 SOUTHGATE BLVD  
 N. LAUDERDALE, FL 33068

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT QURESHI, SAMINA 7735 N.W. 47TH DR. CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JAVED, MOHAMMED 8961 N.W. 8TH ST. PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT QURESHI, ZAHID 7735 N.W. 47TH DR. CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WASEEM, QUADRI 836 N.W. 164TH AVENUE PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALBASSAM, HAYTHEM 9161 N.W. 24TH CT SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Sahid Hasan      9/6/06 954-741-8726  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #