2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N34183

Entity Name: SCHOOL OF ISLAMIC STUDIES OF BROWARD INC.

Current Principal Place of Business:

4505 N.W. 103RD AVENUE
SUNRISE, FL 33351 US

New Principal Place of Business:

5457 NW 108TH AVE
SUNRISE, FL 33351 US

Current Mailing Address:

4505 N.W. 103RD AVENUE
SUNRISE, FL 33351 US

New Mailing Address:

5457 NW 108TH AVE
SUNRISE, FL 33351 US

FEI Number: 35-0522362 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOOL OF ISLAMIC
5457 NW 108 AVENUE
SUNRISE, FL 33351 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: DT ( ) Delete
Name: QURESHI, SAMINA
Address: 7735 N.W. 47TH DR.
City-St-Zip: CORAL SPRINGS, FL 33067

Title: DT ( ) Delete
Name: JAVED, MOHAMMED
Address: 8961 N.W. 8TH ST.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DT ( ) Delete
Name: QURESHI, ZAHID
Address: 7735 N.W. 47TH DR.
City-St-Zip: CORAL SPRINGS, FL 33067

Title: DT ( ) Delete
Name: WASEEM, QUADRI
Address: 836 N.W. 164TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DT ( ) Delete
Name: ALBASSAM, HAYTHEM
Address: 9161 N.W. 24TH CT
City-St-Zip: SUNRISE, FL

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: ZAHID QURESHI DR. 01/06/2009

Electronic Signature of Signing Officer or Director — Date