


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

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90015 050 \*\*\*\*70.00

**DOCUMENT # N46808**

1. Entity Name  
**CARIBBEAN - AMERICAN ISLAMIC ASSOCIATION, INC.**



Principal Place of Business  
**6128 SW 27TH ST**  
**MIRAMAR, FL 33023 US**

Mailing Address  
**6128 SW 27TH ST**  
**MIRAMAR, FL 33023 US**

**50001901**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01182006 Chg-NP CR2E037 (11/05)

City & State  
 City & State

Zip  
 Country

Zip  
 Country

4. FEI Number  
**65-0307617**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WAZIM MOHAMMED**  
**8636 SW 14TH ST**  
**PEMBROKE PINES, FL 33025**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 May 1, 2006**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOHAMMED, IMRAN 5880 NW 12TH ST SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MOHAMMED, IMRAN 8150 NW 26th STREET SUNRISE, FLORIDA 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete RAMLAL, ARTHUR 6811 SW 26TH CT MIRAMAR, FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MOHAMMED HANIFF 2186 NW 75th WAY PEMBROKE PINES, FLORIDA 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete MOHAMMED, WAZIM 8636 SW 14TH STREET PEMBROKE PINES, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MOHAMMED, WAZIM 8636 SW 14th STREET PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HOSEIN, ABZAL 1021 SW 88TH WAY PEMBROKE PINES, FL 33025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RAHMAN, Mohammad 4000 HAYES STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete RAFFICK, HAMID 4041 NW 7TH AVENUE POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AZAD RASHEED 6509 SW 20th Ct. MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MOHAMMED, FARZAN 2186 NW 75TH WAY PEMBROKE PINES, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **WAZIM MOHAMMED** 2/24/06 954-962-5351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #