

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90053 025 \*\*\*\*70.00

40000000



01142008 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0307617** Applied For Not Applicable

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

**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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

City & State

City & State

Zip Country Zip Country

**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, 2008**

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 **SD**  Delete  
 NAME **MOHAMMED, IMRAN**  
 STREET ADDRESS **8150 NW 26TH STREET**  
 CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **HANIFF, MOHAMMED**  
 STREET ADDRESS **300 BERKLEY RD. APT 109**  
 CITY-ST-ZIP **HOLLYWOOD, FL 33024**

TITLE **MOHAMMED, Haniff**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **MOHAMMED, WAZIM**  
 STREET ADDRESS **8636 SW 14TH STREET**  
 CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **RAHMAN, MOHAMMAD**  
 STREET ADDRESS **4000 HAYES STREET**  
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **RASHEED, AZAD**  
 STREET ADDRESS **6509 SW 20TH CT**  
 CITY-ST-ZIP **MIRAMAR, FL 33023**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ABRAHIM, ISHMAEL**  
 STREET ADDRESS **740 SW 1ST CT.**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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, PRES.** **3-16-08** **954-436-6506**  
Signature, typed or printed name of signing officer or director Date Daytime Phone #