2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

		LIIDED AIII	107						1			
DOCUMENT # N46808 1. Entity Name CARIBBEAN - AMERICAN ISLAMIC ASSOCIATION, INC.							08 OEC -3 PH 4:21 LURE JARY OF STATE ALLAHASSEE, FLORIDA					
Principal Place of Business 6128 SW 27TH ST MIRAMAR, FL 33023 US Mailing Address 6128 SW 27TH ST MIRAMAR, FL 33023 MIRAMAR, FL 330					US						RIMAL OLITAL	
2. Principal Place of Business - No P.O. Box # 3. Mailing				ng Address			- 					
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			1126200	8 Chg-NP	CR2	E037 (12/06)		
City & State			City & State				4. FEI Nui 65-0	mber 307617			pplied For ot Applicable	
Zíp	Country		Zip		Country		5. Certificate of State		Fee Required			
	6. Name	and Address of Current F		7. Name and Address of New Registered Agent								
WAZIM MOHAMMED 8636 SW 14TH ST PEMBROKE PINES, FL 33025						Name Street Address (P.O. Box Number is Not Acceptable)						
					City	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Amended AR is \$61.25 9. Election Campa Trust Fund Con						9 🗆	\$5.00 May Be Added to Fees			Make check payable to Florida Department of State		
10.		OFFICERS AND DIR	ECTORS	**	11.		ADDITIONS/	CHANGES TO	OFFICERS AND	DIRECTORS I	N 10	
TITLE	VD			□ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				·	NAME STREET ADDRE CITY-ST-ZIP	ss	600138414776 12/03/0801038019 **61.25				.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEET ADDRESS 8636 SW 14TH STREET			☐ Detete	TITLE NAME STREET ADDRE CITY-ST-ZIP	MOHAMMED, WAZIM BORESS 8636 S.W. 14th Street					☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000 HAY	, MOHAMMAD YES STREET OOD, FL 33021		□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP				,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RASHEE 6509 SW MIRAMAI			☐ Delete .	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss 65 M ₁	09 S.U RAMA	, AZA 3. 20H R, FL	D ст. 2302	Change	Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	740 SW 1	1, ISHMAEL ST CT. N BEACH, FL 33426		™ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SD AL S 699 D	12 5. U	REE.), 39 H	D , stree 33314	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	mo ss 218	HAMM'S	ED, FI	ARZAN	onenge	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 tydetee 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: SIGNATURE AND TOPED GEFFILLED-NAME OF SIGNING OFFICER OR DIRECTOR 1/29/08 954-665-49												
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