

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46808

FILED
Feb 20, 2009
Secretary of State

Entity Name: CARIBBEAN - AMERICAN ISLAMIC ASSOCIATION, INC.

Current Principal Place of Business:

6128 SW 27TH ST
MIRAMAR, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

6128 SW 27TH ST
MIRAMAR, FL 33023 US

New Mailing Address:

PO BOX 848086
PEMBROKE PINES, FL 33084 US

FEI Number: 65-0307617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: WAZIM MOHAMMED

02/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOHAMMED, WAZIM
Address: 8636 SW 14TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025

Title: TD () Delete
Name: RAHMAN, MOHAMMAD
Address: 4000 HAYES STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: RASHEED, AZAD
Address: 6509 SW 20TH CT
City-St-Zip: MIRAMAR, FL 33023

Title: SD () Delete
Name: ALI, FAREED
Address: 6992 SW 39TH STREET
City-St-Zip: MIRAMAR, FL 33314

Title: PD (X) Delete
Name: MOHAMMED, FARZAN
Address: 2186 NW 75TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: RAHMAN, MOHAMMAD
Address: 4000 HAYES STREET
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: PD (X) Change () Addition
Name: MOHAMMED, FARZAN
Address: 2186 NW 75TH WAY
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: SD (X) Change () Addition
Name: ALI, FAREED
Address: 6992 SW 39TH STREET
City-St-Zip: MIRAMAR, FL 33314 US

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: MOHAMMAD RAHMAN

TD

02/20/2009

Electronic Signature of Signing Officer or Director

Date