

FROM :

FAX NO. :

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90101 038 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N49486

1. Entity Name

ISLAMIC FOUNDATION OF FLORIDA, INC.



Principal Place of Business

6355 ALLISON ROAD
MIAMI BEACH, FL 33141

Mailing Address

% MOHAMMED S. HOSSAIN
6355 ALLISON RD.
MIAMI BEACH, FL 33141

50050347



04302005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0344900

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

8. Name and Address of Current Registered Agent

MUGHAL, MOHAMMAD A
6355 ALLISON RD
MIAMI, FL 33141**DO NOT WRITE
IN THIS SPACE**

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 then if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee Is \$61.25
Due by May 1, 20059. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HOSSAIN, MOHAMMED S
STREET ADDRESS	6355 ALLISON ROAD
CITY - ST - ZIP	MIAMI BEACH, FL 33141

TITLE	D
NAME	HONIRUZZAMAN, MOHAMMED
STREET ADDRESS	10994 RAVAL COURT
CITY - ST - ZIP	BOCA RATON, FL 33488

HE IS NO
 Longer in
 Corporation.

TITLE	D
NAME	ASGAR, MOHAMMED A
STREET ADDRESS	341 N.E. 35TH STREET
CITY - ST - ZIP	MIAMI, FL

TITLE	D
NAME	MOMEN, A.F.M NUREL
STREET ADDRESS	10820 HAYDEN DR.
CITY - ST - ZIP	BOCA RATON, FL 33488

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

MOHAMMED S. HOSSAIN (President)
 MOHAMMED S. HOSSAIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2005 286-252-1421

Date

Daytime Phone #