

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90213 027 ****61.25

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

DO NOT WRITE IN THIS SPACE

04292006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0344900

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUGHAL, MOHAMMAD A
6355 ALLISON RD
MIAMI, FL 33141

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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. 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 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 33498

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

[Signature]

Mohammed S Hossain

4/28/06 286-252-1420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #