2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

... FILED Feb 19, 2004 08:00 AM DOCUMENT # N50370 **Secretary of State** ISLAMIC MOVEMENT OF FLORIDA, INC. Mailing Address Principal Place of Business 3201 N, 74TH AVE HOLLYWOOD FL 33024 3201 N. 74TH AVE HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 65-0362777 Not Applicable Zip Zìp Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALI, SHAIKH Street Address (P.O. Box Number is Not Acceptable) 3201 N. 74TH AVE HOLLYWOOD FL 33024 Cilv Zio Code 3. 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, DATE tored agent and title it applicable (NOTE, Registered Agent signature required when reinstating) **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. 74 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROOKNUDEEN, GHANY NAME NAME U00000058403 730 NORTH 65TH AVENUE STREET ADDRESS STREET ADDRESS 02/20/04-80028-013 61.25 HOLLYWOOD FL CITY-ST-ZIP DITY-ST-71P ☐ Change Delete ☐ Addition TITLE TITLE KHAN, MONEER NAME NAME 20214 NW 22 CT STREET ADDRESS STREET ADDRESS MIAMI FL 33056 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE ALI, SHAIKH NAME NAME 2099 S.W. 139TH AVENUE STREET ADDRESS STREET ADDRESS DAVIE FL 33325 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete. TITI F HASSAN, NAZEER NAME NAME 5241 WEST SAXON CIR STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33331 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE MOHAMED, MOIEN NAME NAME 8321 SW 20TH STREET STREET ADDRESS STREET ADDRESS MIRAMAR FL 33023 CITY-SY-ZIP DITY - ST - ZIP DD ☐ Change ☐ Addition TITLE ☐ Delete TITLE SAMAD, TALLIM NAME NAME 9660 BONLDERST STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-/3-04 950