


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

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # N50370<br>1. Entity Name<br>ISLAMIC MOVEMENT OF FLORIDA, INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>3201 N. 74TH AVE<br>HOLLYWOOD, FL 33024 US | Mailing Address<br>3201 N. 74TH AVE<br>HOLLYWOOD, FL 33024 US |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-NP CR2E037 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-0362777                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>ALI, SHAIKH<br>3201 N. 74TH AVE<br>HOLLYWOOD, FL 33024 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

|  |                             |
|--|-----------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|-----------------------------|

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>ROOKUDEEN, GHANY<br>730 NORTH 65TH AVENUE<br>HOLLYWOOD, FL      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>KHAN, MONEER<br>20214 NW 22 CT<br>MIAMI, FL 33056                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>ALI, SHAIKH<br>2099 S.W. 139TH AVENUE<br>DAVIE, FL 33325         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>HASSAN, NAZEER<br>5241 WEST SAXON CIR<br>FT LAUDERDALE, FL 33331 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>MOHAMED, MOIEN<br>8321 SW 20TH STREET<br>MIRAMAR, FL 33023       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DD<br>SAMAD, TALLIM<br>9660 BONLDERST<br>MIRAMAR, FL 33025            |

1100000181939  
 01/19/05-80006-022 61.25

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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: Tallim Samad 01.12.05 954-894-9110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #