

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90107 005 ****61.25



DOCUMENT # N50370					
1. Entity Name ISLAMIC MOVEMENT OF FLORIDA, INC.					
Principal Place of Business 3201 N. 74TH AVE HOLLYWOOD, FL 33024 US			Mailing Address 3201 N. 74TH AVE HOLLYWOOD, FL 33024 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0362777	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALI, SHAIKH 3201 N. 74TH AVE HOLLYWOOD, FL 33024			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROOKNUDEEN, GHANY		NAME		
STREET ADDRESS	730 NORTH 65TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KHAN, MONEER		NAME		
STREET ADDRESS	20214 NW 22 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33056		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALI, SHAIKH		NAME		
STREET ADDRESS	2099 S.W. 139TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33325		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HASSAN, NAZEER		NAME		
STREET ADDRESS	5241 WEST SAXON CIR		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33331		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOHAMED, MOIEN		NAME		
STREET ADDRESS	8321 SW 20TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP		
TITLE	DD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMAD, TALLIM		NAME	DD Samad Tallim 9660 Boulder Street Miramar FL 33025	
STREET ADDRESS	9660 BOUNLDERST		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP		
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: _____			Date: _____ Daytime Phone #: _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					