

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N50370</b>	
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
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02052008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0362777	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

ALI, SHAIKH  
3201 N. 74TH AVE  
HOLLYWOOD, FL 33024

**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: *Tallim Samad*

03/10/08

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

000000890179  
04/22/08-80085-004 61.25

**DO NOT WRITE  
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: *Mooneer Khan* *Mooneer Khan* 03/10/08 954-644-2719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #