2004 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT

DOCUMENT # N50513

1. Entity Name
ISLAMIC ACADEMY OF FLORIDA, INC.

FILED

04 NOV 15 PM 3: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5903 E 130TH AVE	5903 E 130TH AVE
TAMPA, FL 33617 US	TAMPA, FL 33617 US

11102004   Chg-NP   CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

| 4. FEI Number 59-3236474 | Applied For / Not Applicable |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HABIB, MOHAMMAD 5903 E 130TH AVE TAMPA, FL 33617	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Amended AR is $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	**$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 CD NAME HABIB, MOHAMMAD STREET ADDRESS 5903 E 130TH AVE CITY-ST-ZIP TAMPA, FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 0000427500040 11715/04--01061--003 **61.25	☐ Change ☐ Addition
TITLE VCD NAME BARAKAT, AYMAN STREET ADDRESS 5903 E 130TH AVE CITY-ST-ZIP TAMPA, FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Sec Wa'il Mari 1975 Montana Ave NE St. Petersburg, Fl 33703	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____   11-9-04   813 987-9282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #