

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

**FILED**  
**Oct 15, 2005**  
**Secretary of State**

DOCUMENT# N50513

**Entity Name:** ISLAMIC ACADEMY OF FLORIDA, INC.

**Current Principal Place of Business:**

5903 E 130TH AVE  
TAMPA, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

5903 E 130TH AVE  
TAMPA, FL 33617 US

**New Mailing Address:**

**FEI Number:** 59-3236474      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HABIB, MOHAMMAD  
5903 E 130TH AVE  
TAMPA, FL 33617 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: HABIB, MOHAMMAD  
Address: 5903 E 130TH AVE  
City-St-Zip: TAMPA, FL 33617

Title: VCD ( ) Delete  
Name: BARAKAT, AYMAN  
Address: 5903 E 130TH AVE  
City-St-Zip: TAMPA, FL 33617

Title: S ( ) Delete  
Name: WAIL, MARI  
Address: 1975 MONTANA AVE NE  
City-St-Zip: ST PETERSBURG, FL 33703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VCD (X) Change ( ) Addition  
Name: NOFAL, ZAID  
Address: 5903 E 130TH AVE  
City-St-Zip: TAMPA, FL 33617

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZAID NOFAL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VCD

10/15/2005

\_\_\_\_\_  
Date