

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003525

FILED
Apr 08, 2010
Secretary of State

Entity Name: AL-MUHMIN ISLAMIC CENTER, INC.

Current Principal Place of Business:

2410 N.W. 93 STREET
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

2410 N.W. 93 STREET
MIAMI, FL 33147 US

New Mailing Address:

P.O. BOX 691072
MIAMI, FL 33169 US

FEI Number: 65-0446430 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OLAIGBE, OLA
2279 NW 126TH AVENUE
PEMBROKE PINES, FL 33028 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: P
Name: SHOKUNBI, OLALEKAN
Address: 20931 NE 13TH PLACE
City-St-Zip: MIAMI, FL 33179

Title: T
Name: IBRAHIM, LATEE F
Address: 19621 NW 7TH COURT
City-St-Zip: MIAMI, FL 33179

Title: TT
Name: SALVADOR, RASAQ O
Address: 4221 S.W. 21ST ST
City-St-Zip: HOLLYWOOD, FL 33023

Title: S
Name: LATEEFAT, ALABI
Address: 15700 NW 2ND AVENUE #206
City-St-Zip: MIAMI, FL 33169

Title: TFS
Name: MALIKI, NAJEEM
Address: 15996 NW 12TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby 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 all other like empowered.

SIGNATURE: OLALEKAN SHOKUNBI

MR.

04/08/2010

Electronic Signature of Signing Officer or Director

Date