

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003525

FILED  
Mar 24, 2011  
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:**

P.O. BOX 691072  
MIAMI, FL 33169 US

**New Mailing Address:**

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

PRES

03/24/2011

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

\_\_\_\_\_  
Date