

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008
Secretary of State

DOCUMENT# N94000002272

Entity Name: BISM RABBIK FOUNDATION INC.

Current Principal Place of Business:

16660 SW 59TH CT
SW RANCHES, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

16660 SW 59TH CT
SW RANCHES, FL 33331 US

New Mailing Address:

18331 PINES BLVD.
PO BOX 283
PEMBROKE PINES, FL 33209 US

FEI Number: 65-0496737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DANDIA, GHULAM M
16660 SW 59TH CT
SW RANCHES, FL 33331 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: D/T () Delete
Name: ISMAIL, YUNUS
Address: 1350 S.W. 175TH WAY
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D/T () Delete
Name: DANDIA, GHULAM
Address: 16660 SW 59TH CT
City-St-Zip: SW RANCHES, FL 33331

Title: D () Delete
Name: SIDDIQ, AMIN
Address: 7806 N.W. 193RD TERR.
City-St-Zip: HIALEAH, FL 33015

Title: D () Delete
Name: BILLOO, ZAKARIA
Address: 1521 S.W. 190TH AVE.
City-St-Zip: MIRAMAR, FL 33029

Title: D/T () Delete
Name: ABID, ABDUL A
Address: 1274 N.W. 140TH TER.
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: BILLOO, ZAKARIA
Address: 1521 S.W. 190TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BILLOO ZAKARIA

D

08/27/2008

Electronic Signature of Signing Officer or Director

Date