

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004273

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** MOTAMAR AL-ALAM AL-ISLAMI, INC.

**Current Principal Place of Business:**

4281 S.W. 15 ST.  
MIAMI, FL 331343805

**New Principal Place of Business:**

**Current Mailing Address:**

4281 S.W. 15 ST.  
MIAMI, FL 331343805

**New Mailing Address:**

**FEI Number:** 65-0610736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KHAN, MALIK S  
4281 S.W. 15 ST.  
MIAMI, FL 331343805 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: NASSEEF, ABDULLAH BIN O  
Address: 4281 SW 15TH ST.  
City-St-Zip: MIAMI, FL 33134

Title: V  
Name: KHATIB, HOUSEN  
Address: 515 S. BISCAYNE RIVER DR.  
City-St-Zip: MIAMI, FL 33169

Title: ST  
Name: KHAN, MALIK S  
Address: 4281 S.W. 15 ST.  
City-St-Zip: MIAMI, FL 331343805

Title: D  
Name: ZAMAN, LIAQAT DR  
Address: 2606 CHURCHILL LANE #2  
City-St-Zip: SAGINAW, MI 48603

Title: D  
Name: SULTAN, SULTAN A DR.  
Address: CARE MEDICAL CLINIC, 6500 COYLE AVE, #5  
City-St-Zip: CARMICHAEL, CA 95608

Title: D  
Name: IMAMI, RIAZ H DR.  
Address: 2118 AARON ST.  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: MALIK SARDAR KHAN

ST

01/06/2010

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

\_\_\_\_\_  
Date