

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004273

FILED
Mar 29, 2012
Secretary of State

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

Current Principal Place of Business:

4281 SW 15 ST.
MIAMI, FL 331343805 US

New Principal Place of Business:

Current Mailing Address:

4281 SW 15 ST.
MIAMI, FL 331343805 US

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 US

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

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

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

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

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

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 S. KHAN

ST

03/29/2012

Electronic Signature of Signing Officer or Director

Date