2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000005242

1. Entity Name
JAMAT AL-MUM'MINEEN, INC.

Principal Place of Business	Mailing Address
3222 HOLIDAY SPRINGS BLVD. MARGATE, FL 33063	3283 W BUENA VISTA DR MARGATE, FL 33063

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08222006 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0632483

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALI, YAZID
3283 N. BUENA VISTA
MARGATE, FL 33063

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8. *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. I am familiar with, and accept the obligations of registered agent.*

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALI, YAZID
STREET ADDRESS	3283 W. BUENA VISTA
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	V
NAME	REYAS, SHAZIM
STREET ADDRESS	7942 W SAMPLE RD
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	T
NAME	KHAN, ZAHID
STREET ADDRESS	11118 NW 34 CT
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	S
NAME	ARIF, AHMED
STREET ADDRESS	3231 HOLIDAY SPRINGS BLVD. UNIT 101
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/07/06-80004-001 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] (PRESIDENT) YAZID ALI 8/22/06 954 461 4316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #