

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90017 043 \*\*\*\*61.25

**DOCUMENT # N95000006007**

1. Entity Name

COMMUNITY EDUCATION CENTER, INC.



Principal Place of Business

16940 LIVINGSTON AVE  
LUTZ FL 33549

Mailing Address

C/O HUSAIN NAGAMIA  
500 VINDERBURG SUITE 203E  
BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3349035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMBLEE, JOHN J JR.  
202 CARDY STREET  
TAMPA FL 33606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME AHMAD, RAZIA  
STREET ADDRESS 4678 SAN PALO COURT  
CITY-ST-ZIP LAKELAND FL 33813

TITLE P ☐ Delete  
NAME BUKHARI, ALTAHUSEN  
STREET ADDRESS 16314 NORWOOD DRIVE  
CITY-ST-ZIP TAMPA FL 33654

TITLE D ☐ Delete  
NAME HUSSAIN, SHAHEEN FIDA  
STREET ADDRESS 2365 HEDDON HALL PLACE  
CITY-ST-ZIP CLEARWATER FL 34623

TITLE D ☐ Delete  
NAME SHAFQAT, FAROGI  
STREET ADDRESS 18126 LONGWATER RUN DR  
CITY-ST-ZIP TAMPA FL 33647

TITLE D ☐ Delete  
NAME KHAN, ZAHEER AHMAD  
STREET ADDRESS 2101 COUNTRY CLUB COURT  
CITY-ST-ZIP PLANT CITY FL 33567

TITLE D ☐ Delete  
NAME HAFEEZ, JAVED  
STREET ADDRESS 6103 MARBELLA BLVD  
CITY-ST-ZIP APOLLO BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE HUSAIN F. NAGAMIA ☐ Change ☒ Addition  
NAME PRESIDENT  
STREET ADDRESS 500 VONDERBURG DR #203E  
CITY-ST-ZIP Brandon, FL 33511

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #