2004 NOT-FOR-PROFIT CORPORATION

May 14, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # N96000000169 1. Entity Name 05-14-2004 90011 016 ****70.00 ASSALAM CENTER, INC. Principal Place of Business Mailing Address 21218 ST. ANDREWS BLVD, UNIT #147 21218 ST. ANDREWS BLVD, UNIT #147 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 65-0638062 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELHASSAN, SAIFELDEAN Street Address (P.O. Box Number is Not Acceptable) 1545 SW 14TH STREET **BOCA RATON FL 33486** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLÉ ☐ Delete TITLE Change Addition AN GOUB, I MAD MAMGOUB, IMAD NAMÉ NAME 663 NW 40th Street 2663 NW 40TH STREET STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE COLUCCI, RAY NAME 21042 VIA EDEN STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP $\overline{\mathsf{VD}}$ TITLE Delete ☐ Change ☐ Addition IBRAHIM, NAZIH NAME 10963 BAL HARBOR DRIVE STREET ADDRESS STREET ADDRESS **BOCA RATON FL. 33498** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE ELHASSAN, SAIFELDEAN NAME NAME 1545 SW 14TH ST STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [7] Change Addition MAZOUZ, ABDELKADER NAME NAME 11190 HARBOUR SPRINGS CIRCLE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HAMADE, WISSAM NAME NAME 9173 TIVOLI PLACE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-ZIP CITY-ST-ZIP

IMAD MAHGOUB 5/5/04 561-843 SIGNATURE: / SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. Thereby 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.