## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9600000169

ntity Name: ASSALAM CENTER INC.

FILED Jul 07, 2007 Secretary of State

Entity Na	ME: ASSALAM CENTER, INC.			
Current Principal Place of Business:		New Principal	New Principal Place of Business:	
	ANDREWS BLVD, UNIT #147 TON, FL 33433			
Current Mailing Address:		New Mailing A	New Mailing Address:	
	ANDREWS BLVD, UNIT #147 TON, FL 33433			
In accordan	r: 65-0638062 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did n d Address of Current Registered Agent:		( ) Certificate of Status Desired ( ) ress of New Registered Agent:	
1545 SW BOCA RA	N, SAIFELDEAN 14TH STREET TON, FL 33486 US e named entity submits this statement for the	purpose of changing its reg	istered office or registered agent, or both,	
SIGNATU				
OIOIVATO	Electronic Signature of Registered Ag	ent	 Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( ) Delete MAHGOUB, IMAD 2663 NW 40TH STREET BOCA RATON, FL 33434	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete COLUCCI, RAY 21042 VIA EDEN BOCA RATON, FL 33433	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD () Delete IBRAHIM, NAZIH 10963 BAL HARBOR DRIVE BOCA RATON, FL 33498	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete ELHASSAN, SAIFELDEAN 1545 SW 14TH ST BOCA RATON, FL 33486	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () Delete MAZOUZ, ABDELKADER 11190 HARBOUR SPRINGS CIRCLE BOCA RATON, FL 33428	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	DT () Delete HAMADE, WISSAM	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: REDA A ABDEL-FATTAH D 07/07/2007

Address:

City-St-Zip:

9173 TIVOLI PLACE

BOCA RATON, FL 33434