

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000169

Entity Name: ASSALAM CENTER, INC.

FILED
Apr 18, 2009
Secretary of State

Current Principal Place of Business:

1499 N.W. 4TH AVE.
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

1499 N.W. 4TH AVE.
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0638062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELHASSAN, SAIFELDEAN
2700 S.W. 22 AVE.
APT. # 1411
DELRAY BEACH, FL 33445 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: PD () Delete
Name: MAHGOUB, IMAD
Address: 2663 NW 40TH STREET
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: COLUCCI, RAY
Address: 21042 VIA EDEN
City-St-Zip: BOCA RATON, FL 33433

Title: VD () Delete
Name: IBRAHIM, NAZIH
Address: 10963 BAL HARBOR DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: D () Delete
Name: ELHASSAN, SAIFELDEAN
Address: 2700 S.W. 22 AVE., APT. # 1411
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: MAZOUZ, ABDELKADER
Address: 556803 ARDOR CLUB WAY
City-St-Zip: BOCA RATON, FL 33433

Title: DT () Delete
Name: HAMADE, WISSAM
Address: 9173 TIVOLI PLACE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: WISSAM HAMADE

DT

04/18/2009

Electronic Signature of Signing Officer or Director

Date