


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000001639 1. Entity Name MAS JID AL IBRAHIM, INC.	
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Principal Place of Business 6301 NW 6 AVE MIAMI, FL 33150	Mailing Address 6301 NW 6 AVE MIAMI, FL 33150
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07072006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0748608	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHARIF, ARNOLD 6301 N.W. 7TH AVENUE MIAMI, FL 33150

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

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000570352 07/14/06-80011-004 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALIK, RONALD R 6301 N.W. 7TH AVE. MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHARIF, ARNOLD 6301 N.W. 7TH AVE. MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHABAZZ, HASAN 2140 NW 83 ST MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Arnold Sharif* **TD** July 14, 06 305-759-1250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #