

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000001956**

1. Entity Name  
**INSTITUTE FOR DEVELOPMENT, INC.**



Principal Place of Business  
**1930 S.W. 41ST AVE.  
#3  
FORT LAUDERDALE, FL 33317**

Mailing Address  
**1930 SW 41ST AVE  
#3  
FORT LAUDERDALE, FL 33317**



04072004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0665848**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**AYOUB, MOHAMMAD  
1930 S.W 41ST AVE #3  
FORT LAUDERDALE, FL 33317**

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000112619  
04/14/04-80029-010 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PC  
AYOUB, MOHAMMAD  
1735 NE 164TH ST SUITE 206  
NORTH MIAMI BCH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPS  
MOHAMMAD, HAQUE N  
1735 NE 164TH #310  
N MIAMI BCH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MILLER, ALVIN L  
CITY OF OPA-LOCKA 777 SHARA 3RD BLVD  
OPA-LOCKA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ALLEN, MARY E  
777 SHARA 3RD BLVD  
OPA-LOCKA, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ABDOOL, SHIRAZ  
12141 PEMBROKE RD  
PEMBROKE PINES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SABIR, NASHID  
18350 NW 2ND AVE  
MIAMI, FL**

**DO NOT WRITE  
IN THIS SPACE**

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:** M. Ayoub  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-04 954-584-5400  
Date Daytime Phone #