


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000003405</b> 1. Entity Name <b>ALHAMDULILLAH COMMUNITY EDUCATIONAL CENTER CORPORATION</b>	
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Principal Place of Business  
**722 W MARTIN LUTHER KING  
TAMPA, FL 33607**

Mailing Address  
**P.O. BOX 310456  
TAMPA, FL 33680 US**

**DO NOT WRITE IN THIS SPACE**



07172005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3393623</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

**AQUIL, HAKIM  
6301 NO 19TH ST  
TAMPA, FL 33610**

**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 September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AQUIL, HAKIM 6301 N 19TH ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AQUIL, RASHEED 6301 N 19TH ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AQUIL, YASN 6301 N 19TH ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RASHMEN, DAVID A 6301 N 1957 TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000373705  
07/20/05-80004-009 61.25

**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)(f), 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:**

*Hakim Aquil*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-16-05**

Date

Daytime Phone #