

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90186 001 \*\*\*\*\*8.75  
03-01-2006 90186 002 \*\*\*\*\*61.25



1st MOORE CR2E037 (10/05)

<b>DOCUMENT # N96000004688</b> 1. Entity Name <b>AMERICAN MUSLIM WELFARE ORGANIZATION, INC.</b>					
Principal Place of Business <b>4760 NE 27TH AVE FORT LAUDERDALE FL 33308</b>			Mailing Address <b>PO BOX 11984 FT LAUDERDALE FL 33339</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				4. FEI Number <b>65-0701462</b>	
<b>HUSSAIN, SYED IQBAL DR 4760 NE 27TH AVE FORT LAUDERDALE FL 33308</b>				Applied For <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	
				7. Name and Address of New Registered Agent	
				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and not if representative</small> </div> <div style="width: 20%; text-align: center;"> <b>2-16-06</b>  <small>DATE</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when representing)</small> </div> </div>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD HUSAIN, SYED M. IQBAL DR 4760 NE 27TH AVE FORT LAUDERDALE FL 33308</b> <div style="text-align: right;"><b>CHAIRMAN</b></div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>NILUFUR PIRBADA BOARD MEMBER</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HAQ, SALEEM A DR 8130 NW 47TH DRIVE CORAL SPRINGS FL 33067</b> <div style="text-align: right;"><b>PRESIDENT</b></div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Mohd. Javed Qureshi Board Member</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD SIDDQUI, MOHAMMAD A 12340 TIFTON CT BOCA RATON FL 33428</b> <div style="text-align: right;"><b>TREASURER</b></div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S ILLYAS, MOHD 21290 HAZELWOOD LN BOCA RATON FL 33428</b> <div style="text-align: right;"><b>Secretary</b></div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D IOBAZ, MOHD 8200 NW 40TH CT CORAL SPRINGS FL 33065</b> <div style="text-align: right;"><b>Board Member</b></div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ANWAR HAROON 9795 N.W. 48th DR Coral Springs FL 33076</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>→ Board Member</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2-18-06</b> <small>DATE</small>		



ATTACHMENT  
ATTACHMENT  
166 005357

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2006

MUSLIM CHARITABLE ORGANIZATION OF SOUTH FLORIDA, INC.  
PO BOX 11984  
FT LAUDERDALE, FL 33339

Subject: AMERICAN MUSLIM WELFARE ORGANIZATION, INC.

Reference Number: N96000004688

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM  
ANNUAL REPORTS SECTION