

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006334

FILED
Mar 17, 2008
Secretary of State

Entity Name: JAMAAT UL MUTTAQEEEN, INC.

Current Principal Place of Business:

1000 SW 196TH AVE.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

1000 SW 196TH AVE.
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-0724859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EONOUS, AZIM
1000 SW 196TH AVE.
PEMBROKE PINES, FL 33029 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: D () Delete
Name: EONOUS, AZIM
Address: 1060 NW 92ND AVE.
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D () Delete
Name: RAHAMAN, OSMAN
Address: 4302 DIAMOND TER.
City-St-Zip: WESTON,, FL 33331 US

Title: D () Delete
Name: KHAN, HABEEB
Address: 5425 SW 210TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: D () Delete
Name: ISHMAEL, WAZIR A DR
Address: 658 NW 157TH LANE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D () Delete
Name: KHAN, AMIR
Address: 1000 SW 196TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: YASIN, MOHAMED T
Address: 16401SW 30TH ST
City-St-Zip: MIRAMAR, FL 33027 US

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:

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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: MOHAMED T YASIN

D

03/17/2008

Electronic Signature of Signing Officer or Director

Date