2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# N97000002732

Entity Name: DARUL ULOOM INSTITUTE AND ISLAMIC TRAINING CENTER, INC.

Current Principal Place of Business:

7050 PINES BLVD.
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

7050 PINES BLVD.
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-0559844 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHAFAYAT, MAULANA
2205 SW 62ND TERRACE
MIRAMAR, FL 33023 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:	MOHAMED, SHAFAYAT	
Address:	2205 SW 62 TERR.	
City-St-Zip:	MIRAMAR, FL 33023	
Title:	D	( ) Delete
Name:	SABIR, NASHID	
Address:	19542 NW 88 AVE.	
City-St-Zip:	MIAMI, FL 33015	
Title:	D	( ) Delete
Name:	AZAD, ALI	
Address:	13700 NW 18 STREET	
City-St-Zip:	PEMBROKE PINES, FL 33028	
Title:	D	( ) Delete
Name:	MOHAMED, SHEIKH M	
Address:	4308 JEFFERSON STREET	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	SHAFI, FAROOG	
Address:	2205 SW 62 TERR.	
City-St-Zip:	MIRAMAR, FL 33023	
Title:	D	( ) Delete
Name:	ULLAH, SHAFI DR	
Address:	2205 SW 62 TERR.	
City-St-Zip:	MIRAMAR, FL 33023	

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: AZAD ALI D 06/23/2009

Electronic Signature of Signing Officer or Director — Date