

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

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003180

1. Entity Name
IMAMI FAMILY FOUNDATION, INC.



Principal Place of Business
**2118 AARON ST.
PT. CHARLOTTE, FL 33952**

Mailing Address
**2118 AARON ST.
PT. CHARLOTTE, FL 33952**



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-6249234

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**EMERICH, GUY S
115 W. OLYMPIA AVE.
PUNTA GORDA, FL 33950**

**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 reinstalling)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 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
**D
IMAMI, RIAZUL H
2118 AARON ST.
PT. CHARLOTTE, FL 33952**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
IMAMI, AZRA R
2118 AARON ST.
PT. CHARLOTTE, FL 33952**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
IRFAN, IMAMI R
111 CHESTNUT AVE, #28F
CHICAGO, IL 60611**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000175414
01/10/05-80048-025 70.00

**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: _____

A. Ismail

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-2005 941-625-1111

Date

Daytime Phone #