

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90010 013 ****70.00

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**



01052006 No Chg-NP CR2E037 (11/05)

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	IMAMI, RIAZUL H
STREET ADDRESS	2118 AARON ST.
CITY - ST - ZIP	PT. CHARLOTTE, FL 33952
TITLE	D
NAME	IMAMI, AZRA R
STREET ADDRESS	2118 AARON ST.
CITY - ST - ZIP	PT. CHARLOTTE, FL 33952
TITLE	D
NAME	IRFAN, IMAMI R
STREET ADDRESS	111 CHESTNUT AVE, #201 7431 South 50th St.
CITY - ST - ZIP	CHICAGO, IL 60611 LINCOLN NE. 68516
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-2006 941-629-2964

Date

Daytime Phone #