

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003311

FILED
Mar 20, 2012
Secretary of State

Entity Name: ISLAMIC CULTURAL CENTER OF MIAMI INC.

Current Principal Place of Business:

%DR.SA.ASFOUR, IEN DEP, UNIV OF MIAMI
1251 MEMORIAL DRIVE
CORAL GABLES, FL 33124 US

New Principal Place of Business:

DR. SHIHAB ASFOUR
1251 MEMORIAL DRIVE, 268 MCARTHUR BUILDING
CORAL GABLES, FL 33146 US

Current Mailing Address:

C/O IEN DEPT. MCARTHUR ENGINEERING BLDG
1251 MEMORIAL DRIVE, ROOM 406
CORAL GABLES, FL 33146

New Mailing Address:

DR. SHIHAB ASFOUR
1251 MEMORIAL, 268 MCARTHUR BUILDING
CORAL GABLES, FL 33146 US

FEI Number: 65-0454544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASFOUR, SHIAHAB S
14080 SW 83RD COURT
MIAMI, FL 33158 US

Name and Address of New Registered Agent:

ASFOUR, SHIHAB S
1251 MEMORIAL DRIVE, 268 MCARTHUR BUILDING
CORAL GABLES, FL 33146 US

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: SHIHAB ASFOUR

03/20/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: ASFOUR, SHIHAB S
Address: 14080 SW 83 COURT
City-St-Zip: MIAMI, FL 33158

Title: VC
Name: ABDEL-MOTTALEB, MOHAMED S
Address: 9608 SW 117 CT
City-St-Zip: MIAMI, FL 33186

Title: T
Name: ABDELRAHMAN, KHALED
Address: 12113 SW 135 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: S
Name: FAHMY, MOHAMED W
Address: 7255 SW 126TH STREET
City-St-Zip: PINECREST, FL 33156

Title: D
Name: TAPIA, MOEIZ A
Address: 5904 SW 64 PLACE
City-St-Zip: MIAMI, FL 33143

Title: D
Name: MNAYMNAEH, WALID
Address: 8655 SW 54 CT
City-St-Zip: MIAMI, FL 33143

I hereby 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 all other like empowered.

SIGNATURE: SHIHAB ASFOUR

C

03/20/2012

Electronic Signature of Signing Officer or Director

Date