
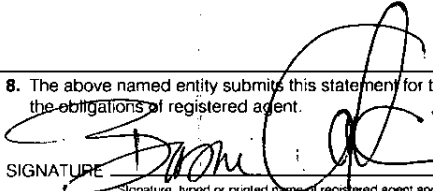
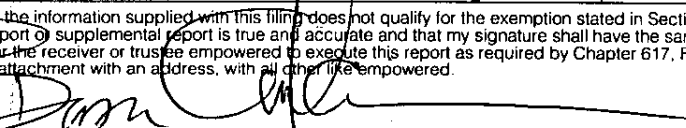


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

06-10-2004 90001 049 ****70.00

DOCUMENT # N99000000207					
1. Entity Name ALBIR ISLAMIC ASSOCIATION, INC.					
Principal Place of Business 3496 POLYNESIAN ISLE KISSIMMEE, FL 34746			Mailing Address 7345 SAND LAKE RD 412 ORLANDO, FL 32819		
2. Principal Place of Business		3. Mailing Address PO Box 22594			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LAKE BUENA VISTA FL			
Zip	Country	Zip 32830	Country Orange	4. FEI Number 59-3598351	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALMOUSA, JAMAL 3496 POLYNESIAN ISLE KISSIMMEE, FL 34746			7. Name and Address of New Registered Agent		
Name			BASSAM ALKOWNI		
Street Address (P.O. Box Number is Not Acceptable)			10436 SPARKLE CT		
City			Orlando		
State			FL		
Zip Code			32836		
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 				Date 6.7.04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME ALI, ADEL R	<input checked="" type="checkbox"/> Delete	TITLE P, D	NAME Bassam Alkowni	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3496 POLYNESIAN ISLE	CITY-ST-ZIP KISSIMMEE, FL 34746		STREET ADDRESS 10436 SPARKLE CT	CITY-ST-ZIP ORLANDO, FL 32836	
TITLE VP	NAME ALMOUSA, JAMAL R	<input checked="" type="checkbox"/> Delete	TITLE VP, D	NAME BAKER, MOHAMMAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3496 POLYNESIAN ISLE	CITY-ST-ZIP KISSIMMEE, FL 34746		STREET ADDRESS 4111 RYAN ST	CITY-ST-ZIP KISSIMMEE, FL 34746	
TITLE SD	NAME ALKOWNI, GHASSAN	<input checked="" type="checkbox"/> Delete	TITLE S, D	NAME EL-SAYED MORCY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3224 RUNNING BEAR WAY	CITY-ST-ZIP KISSIMMEE, FL 34746		STREET ADDRESS 13546 Falcon Point	CITY-ST-ZIP ORLANDO, FL 32837	
TITLE [Blank]	NAME [Blank]	<input type="checkbox"/> Delete	TITLE T, D	NAME AHMED BEN CHIKH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]		STREET ADDRESS 5313 Bedford Rd	CITY-ST-ZIP KISSIMMEE, FL 34746	
TITLE [Blank]	NAME [Blank]	<input type="checkbox"/> Delete	TITLE T, D	NAME NOUREDDINE BALDI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]		STREET ADDRESS 1342 Poinsett Blvd	CITY-ST-ZIP CHERMONT, FL 34711	
TITLE [Blank]	NAME [Blank]	<input type="checkbox"/> Delete	TITLE [Blank]	NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]		STREET ADDRESS [Blank]	CITY-ST-ZIP [Blank]	
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 				Date 6.7.04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

54057048



06042004 Chg-NP CR2E037 (10/03)