

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000207

FILED  
Jan 11, 2005  
Secretary of State

Entity Name: ALBIR ISLAMIC ASSOCIATION, INC.

## Current Principal Place of Business:

3496 POLYNESIAN ISLE  
KISSIMMEE, FL 34746

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 22594  
LAKE BUENA VISTA, FL 32830

## New Mailing Address:

FEI Number: 59-3598351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALKOWNI, BASSAM  
10436 SPARKLE CT  
ORLANDO, FL 32836 US

## Name and Address of New Registered Agent:

MOHAMMAD, BAKER  
4111 FOXTAIL CURT  
KISSIMMEE, FL 34746 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: BAKER MOHAMMAD

01/11/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ALKOWHI, BASSAM  
Address: 10436 SPARKLE CT.  
City-St-Zip: ORLANDO, FL 32836

Title: VPD ( ) Delete  
Name: MOHAMMAD, BAKER  
Address: 4111 FOXTAIL ST.  
City-St-Zip: KISSIMMEE, FL 34746

Title: SD ( ) Delete  
Name: MORCH, ELSAYAD  
Address: 13546 FALCON POINT  
City-St-Zip: ORLANDO, FL 32837

Title: TD ( ) Delete  
Name: BENCHICH, AHMED  
Address: 5318 BEARFOOT BATH  
City-St-Zip: KISSIMMEE, FL 34746

Title: TD ( ) Delete  
Name: BALFI, NOUREDDINE  
Address: 1342 RAINTREE ROAD, #203  
City-St-Zip: CLERMONT, FL 34711

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BAKER MOHAMMAD

VPD

01/11/2005

Electronic Signature of Signing Officer or Director

Date