

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000207

FILED  
Sep 13, 2007  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MOHAMMAD, BAKER  
4111 FOXTAIL COURT  
KISSIMMEE, FL 34746      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: TVD      (X) Delete  
Name: KATERJI, ABDUL M  
Address: 4941 BELLTHORN DRIVE  
City-St-Zip: ORLANDO, FL 32837

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ABDUL KATERJI

VP

09/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date