

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004546

Entity Name: MADRASAH MIFTAHUL ULOOM, INC.

FILED
Mar 16, 2004
Secretary of State

Current Principal Place of Business:

11543 COMMERCIAL ST.
ORLANDO, FL 32836

New Principal Place of Business:

11504 PINE STREET
ORLANDO, FL 32836

Current Mailing Address:

PO BOX 22611
ORLANDO, FL 32830

New Mailing Address:

PO BOX 22611
LAKE BUENA VISTA, FL 32830

FEI Number: 59-3593182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEMMALI, REHANNAH
8505 CEDAR COVE CT
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

OMARJEE, MOHAMED
PO BOX 22611
LAKE BUENA VISTA, FL 32830 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: MOHAMED OMARJEE

03/16/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OMARJEE, MOHAMED S
Address: 11504 PINE ST
City-St-Zip: ORLANDO, FL 32836

Title: DT () Delete
Name: RAHMAN, WALLY
Address: 11602 PINE ST.
City-St-Zip: ORLANDO, FL 32836

Title: DS () Delete
Name: GAGAN, IQBAL
Address: 6201 MARLBERRY DR.
City-St-Zip: ORLANDO, FL 32819

Title: DV () Delete
Name: ZAMAN, SAMI UZ
Address: 8600 5TH ST.
City-St-Zip: ORLANDO, FL 32836

Title: D (X) Delete
Name: MOHAMED, SHERIF
Address: 8654 7TH ST.
City-St-Zip: ORLANDO, FL 32836

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: MOHAMED OMARJEE

DP

03/16/2004

Electronic Signature of Signing Officer or Director

Date