2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004680

Entity Name: ANJUMAN-E-JAMALI (MIAMI), INC.

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
C/O CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301			2830 WEST STATE ROAD 84, BUILDING 4 UNIT 106 FT LAUDERDALE, FL 33312		
Current Mailing Address:			New Mailing Address:		
1201 HAYS		VICE COMPANY			
FEI Number:	59-3671464	FEI Number Applied For ()	FEI Number Not Appl	olicable () Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	d Address of New Registered Agent:	
1201 HAYS TALLAHAS	SEE, FL 3230	12525 US	rpose of changing i	its registered office or registered agent, or both,	
in the State		·		,	
SIGNATUR					
	Electronic	Signature of Registered Agen	ıt	Date	
OFFICERS	AND DIRECT	ORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P ()[EZUDDIN, SHAB 221 NW 156 LN PEMBROKE PIN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () [KARIMJI, ZOHAII 865 NW 47 ST POMPANO BEAC		Title: Name: Address: City-St-Zip:	S (X) Change () Addition SHABBIR, JOHAR 2566 SOUTHWEST 117TH LANE MIRAMAR, FL 33025	
Title: Name: Address: City-St-Zip:	T () I RAMAKRAWALA 6861 SW 129 AV MIAMI, FL 3818	E #7	Title: Name: Address: City-St-Zip:	T (X) Change () Addition BURHANUDDIN, RAMAKRAWALA 19509 EAST CYPRESS COURT MIAMI, FL 33015	
Title: Name: Address: City-St-Zip:	D (X) I ABDULAI, MUSTA 8344 NW 20 CT SUNRISE, FL 33		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (X) I ABDULALI, QAID 8394 NW 20 CT SUNRISE, FL 33		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (X) I FAKHRI, BURHA 9718 HAMMOCK MIAMI, FL 3319	S BLVD # 102	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: TURAB ZAKIUDDIN NOMI 01/21/2009