

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005695

FILED  
May 24, 2009  
Secretary of State

**Entity Name:** AMERICAN MUSLIM ASSOCIATION OF NORTH AMERICA, INC.

**Current Principal Place of Business:**

183 N E 166 STREET  
MIAMI, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5212  
MIAMI, FL 33014

**New Mailing Address:**

**FEI Number:** 65-1017494      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

ZAKKOUT, SOFIAN  
16009 KINGSMOOR WAY  
MIAMI, FL 33014      US

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

ZAKKOUT, SOFIAN A  
16009 KINGSMOOR WAY  
MIAMI, FL 33014      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: SOFIAN ZAKKOUT

05/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD      ( ) Delete  
Name: ZAKKOUT, SOFIAN  
Address: 16009 KINGSMOOR WAY  
City-St-Zip: MIAMI, FL 33014

Title: VPT      ( ) Delete  
Name: MAHAMAD, RASHEED  
Address: 7910 NW 19 STREET  
City-St-Zip: MARGATE, FL 33063

Title: VP      ( ) Delete  
Name: MUSTAFA, NASAR  
Address: 929 N E 199 ST  
City-St-Zip: MIAMI, FL 33179

**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:

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: SOFIAN ZAKKOUT

PTD

05/24/2009

Electronic Signature of Signing Officer or Director

Date