

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000098351**

1. Entity Name  
**AMERICAN HOUSING & LIBERTY ASSOCIATION, INC.**



Principal Place of Business  
**11620 NW 29TH PLACE  
SUNRISE, FL 33323**

Mailing Address  
**PO BOX 590161  
FORT LAUDERDALE, FL 33359**



**DO NOT WRITE IN THIS SPACE**

04232005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**43-2027437**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KISHK, NABIL  
11620 NW 29TH PLACE  
FORT LAUDERDALE, FL 33323**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PS
NAME	ISMAIL, YOUSEF
STREET ADDRESS	11620 NW 29TH PLACE
CITY - ST - ZIP	SUNRISE, FL 33323
TITLE	VT
NAME	KISHK, NABIL
STREET ADDRESS	PO BOX 590161
CITY - ST - ZIP	FORT LAUDERDALE, FL 33359
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/27/05-80118-007 158.75

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nabil Kishk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/25/05