

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000099647	
1. Entity Name BOCA-DHAKA INTERNATIONAL, INC.	

Principal Place of Business 11849 WOODTONES LANE BOCA RATON, FL 33428	Mailing Address 11849 WOODTONES LANE BOCA RATON, FL 33428
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02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1145090	Applied For Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SIGALOS, GEORGE L ESQ. 120 EAST PALMETTO PARK ROAD SUITE 100 BOCA RATON, FL 33432

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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANSOOR, ISMAIL 11849 WOODTONES LANE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC MANSOOR, FAWZIA 11849 WOODTONES LANE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC KHIMANI, NASIM 12011 ROYAL PALM BLVD CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC RAHMAN, HAFEEZ 4305 CORAL SPRINGS DRIVE CORAL SPRING, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000885993 04/18/08-80035-022 150.00
U00000885993 04/18/08-80035-023 8.75
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/08

561-3057622

Date:

Daytime Phone #