

FROM : AMIR TRADE INTL

FAX NO. : 88 831 611

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90004 008 ****70.00

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F07000002959					
1. Entity Name REHABILITATION CENTRE FOR PROSTITUTES AND ROOTLESS CHILDREN (PARC) CORP.					
Principal Place of Business 88, SHAH MD. ALI LANE CHOWKBAZAR, CHITTAGONG-4203 BANGLADESH, XX XX			Mailing Address 88, SHAH MD. ALI LANE CHOWKBAZAR, CHITTAGONG-4203 BANGLADESH, XX XX		
2. Principal Place of Business - No P.O. Box			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent ISLAM, MD. NAZRUL 1110 NE 171ST NORTH MIAMI BEACH, FL 33162				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip FL	
8. The above named entity certifies 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. (Print if Registered Agent signature required when filing)					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Yes Fund Contribution ☐ \$5.00 May Be Added to Fees		☒ Change ☐ Addition Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CP	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	ISLAM, AQM SHIRAJUL		NAME	UDDIN, MD. MOIN	
STREET ADDRESS	PARC, 88, SHAH MD. ALI LANE CHOWKBAZAR		STREET ADDRESS	PARC, 88, SHAH MD. ALI LANE, CHOWKBAZAR	
CITY-ST-ZIP	CHITTAGONG-4203, BANGLADESH, XX		CITY-ST-ZIP	CHITTAGONG-4203, BANGLADESH	
TITLE	VCVP	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	UDDIN, MD. MOIN		NAME	ALAUDDIN, MD.	
STREET ADDRESS	PARC, 88, SHAH MD. ALI LANE CHOWKBAZAR		STREET ADDRESS	PARC, 88, SHAH MD. ALI LANE, CHOWKBAZAR	
CITY-ST-ZIP	CHITTAGONG-4203, BANGLADESH, XX		CITY-ST-ZIP	CHITTAGONG-4203, BANGLADESH	
TITLE	SD	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	ISLAM, MD. NAZRUL		NAME	ISLAM, MD. NAZRUL	
STREET ADDRESS	PARC, 88, SHAH MD. ALI LANE CHOWKBAZAR		STREET ADDRESS	PARC, 88, SHAH MD. ALI LANE, CHOWKBAZAR	
CITY-ST-ZIP	CHITTAGONG-4203, BANGLADESH, XX		CITY-ST-ZIP	CHITTAGONG-4203, BANGLADESH	
TITLE	ASD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOSSAIN, A.S.M. AKBAR		NAME		
STREET ADDRESS	PARC, 88, SHAH MD. ALI LANE CHOWKBAZAR		STREET ADDRESS		
CITY-ST-ZIP	CHITTAGONG-4203, BANGLADESH, XX		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALAM, MD. MORSHEDUL		NAME		
STREET ADDRESS	PARC, 88, SHAH MD. ALI LANE CHOWKBAZAR		STREET ADDRESS		
CITY-ST-ZIP	CHITTAGONG-4203, BANGLADESH, XX		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MOUNIRA, SERAJUM		NAME		
STREET ADDRESS	UNITED COMMERCIAL BANK LTD, KAPASH GOLA RD		STREET ADDRESS		
CITY-ST-ZIP	CHOWKBAZAR, CHITTAGONG-4203, XX		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on its statement with an address, with all other not empowered.					
SIGNATURE: Isalam, MD. NAZRUL ISLAM, SD			Date: 09-02-08 , 8801819-644960		

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CR22729 CR2037 (12/08)

 4. Fee Number **98-0034843**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City, State, Zip

City, State, Zip

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