


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		Zip	
Country		Country	
4. Fed Number 98-0534843		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate or Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISLAM, MD. NAZRUL 1130 NE 171ST NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip		Zip	
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	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CP <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> Delete	TITLE	
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 <input type="checkbox"/> Delete	TITLE	
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 <input type="checkbox"/> Delete	TITLE	
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 no secretary 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 in its attachment with an address, with all other not employed.			
SIGNATURE: Isлам, MD. NAZRUL ISLAM, SD		Date: 09-02-08, 5801819-644960	