


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 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 NAME STREET ADDRESS CITY-ST-ZIP	CP ISLAM, AQM SHIRAJUL PARC, 88, SHAH MD. ALI LANE CHOWKBAZAR CHITTAGONG-4203, BANGLADESH, XX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UDDIN, MD. MOIN PARC, 88, SHAH MD. ALI LANE, CHOWKBAZAR CHITTAGONG-4203, BANGLADESH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP UDDIN, MD. MOIN PARC, 88, SHAH MD. ALI LANE CHOWKBAZAR CHITTAGONG-4203, BANGLADESH, XX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALAUDDIN, MD. PARC, 88, SHAH MD. ALI LANE, CHOWKBAZAR CHITTAGONG-4203, BANGLADESH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ISLAM, MD. NAZRUL PARC, 88, SHAH MD. ALI LANE CHOWKBAZAR CHITTAGONG-4203, BANGLADESH, XX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ISLAM, MD. NAZRUL PARC, 88, SHAH MD. ALI LANE, CHOWKBAZAR CHITTAGONG-4203, BANGLADESH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD HOSSAIN, A.S.M AKBAR PARC, 88, SHAH MD. ALI LANE CHOWKBAZAR CHITTAGONG-4203, BANGLADESH, XX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALAM, MD. MORSHEDUL PARC, 88, SHAH MD. ALI LANE CHOWKBAZAR CHITTAGONG-4203, BANGLADESH, XX	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOUNIRA, SERAJUM UNITED COMMERCIAL BANK LTD, KAPASH GOLA RD CHOWKBAZAR, CHITTAGONG-4203, XX	TITLE NAME STREET ADDRESS 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 the attached form with an address, with all other not employed.			
SIGNATURE: Is Islam, MD. NAZRUL ISLAM, SD		Date: 09-02-08, 5801819-644960	