


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90011 042 ****61.25

DOCUMENT # N02000006673 1. Entity Name BANGLADESH CULTURAL ASSOCIATION OF FLORIDA, INC					
Principal Place of Business 1489 N MILITARY TR # 115 B W PALM BEACH, FL 33409			Mailing Address IDRISH AHMED 4765 WAVERLY WOOD BOYNTON, FL 33436		
2. Principal Place of Business 36135 Military Trail # 62		3. Mailing Address IDRISH AHMED 4765 Waverly Wood			
Suite, Apt. #, etc. # 62		Suite, Apt. #, etc. 4765 Waverly Wood			
City & State Lake Worth, FL		City & State Lake Worth, FL		4. FEI Number 51-0424261	
Zip 33463		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33463		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent AHMED, IDRISH 4765 WAVERLY WOOD TERRACE LAKE WORTH, FL 33463			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AHMED, IDRISH 4765 S WAVERLY WOOD TERR LAKE WORTH, FL 33463 <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHMED, SULTAN 1555 NW 8TH ST BOCA RATON, FL 33486 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHMED, JAHIR 4765 S WAVERLY WOOD LAKE WORTH, FL 33463 <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, 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:		IDRISH AHMED		03/14/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	