


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000007910 1. Entity Name MANZUA GENERAL TRUST USA INC	
---	---

Principal Place of Business
3057 NE 16TH AVENUE
OAKLAND PARK, FL 33334

Mailing Address
3057 NE 16TH AVENUE
OAKLAND PARK, FL 33334



04042004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0896010	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULTANA, SHAMIMA
3057 NE 16TH AVENUE
OAKLAND PARK, FL 33334

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000141977
04/30/04-80034-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISLAM KHAN, MD. SHAFIQU 27TH VALE ROAD, TUNBRIDG WELLS KENT TN 1 1BS U.K.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKTHER, NAZMA 75 NORT MANIKDI BALUGHAT BAZR, DHAKA CANTONMENT DHAKA BANGLADESH,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISLAM, NURUL PH.D. 196 GREEN ROAD DHAKA 1205 BANGLADESH,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULTANA, SHAMIMA 235 ST. HELIER AVENUE MORDEN SURREY SM4 6JH UK,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  (SHAMIMA SULTANA)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04/05/04 Daytime Phone # _____