

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 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**



02262005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0896010**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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

U000000258086  
03/10/05-80028-010 61.25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Shamima Sultana* 1st March 2005