2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007910

City-St-Zip: LAKE CITY, FL 32055 US

me: MANZUA GENERAL TRUST USA INC

FILED Apr 29, 2008 Secretary of State

Entity Nai	me: MANZUA	GENERAL TRUST USA INC				
Current P	ent Mailing Address: EAST DUVAL STREET IAY 90 EAST E CITY, FL 32055 Jumber: 55-0896010 FEI Number Applied For () e and Address of Current Registered Agent FANA, SHAMIMA EAST DUVAL ST. HWAY 90 EAST E CITY, FL 32055 US above named entity submits this statement for the State of Florida. IATURE: Electronic Signature of Registered ICERS AND DIRECTORS: D () Delete ISLAM KHAN, MD. SHAFIQUL 27TH VALE ROAD, TUNBRIDG WELLS		New Prince	ipal Place o	f Business:	
636 EAST	DUVAL STRE	ET .				
LAKE CITY						
LAKE CIT	Y, FL 32000					
Current M	lailing Addre	ss:	New Maili	ng Address:		
US HAY 9	0 EAST	ΈΤ				
FEI Number	: 55-0896010	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of	New Registered Agent:	
636 EAST US HWA	DUVAL ST. Y 90 EAST	JS				
		submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or bot	th,
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	_
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES	TO OFFICERS AND DIRECT	ors
Title: Name: Address: City-St-Zip:	ISLAM KHAN, I 27TH VALE RO	MD. SHAFIQUL DAD, TUNBRIDG WELLS	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	AKTHER, NAZI 75 NORTH MA) Delete MA NIKDI BALUGHAT BAZR , DHAKA , BD DHAKA BD	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	ISLAM, NURÙI 196 GREEN R		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address:	P (SULTANA, SHA 636 EAST DU\		Title: Name: Address:	P (X HARDCASTLE 636 EAST DU		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: LAKE CITY, FL 32055 US

SIGNATURE: SHAMIMA HARDCASTLE DR 04/29/2008