

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007910

FILED
Apr 29, 2009
Secretary of State

Entity Name: MANZUA GENERAL TRUST USA INC

Current Principal Place of Business:

636 EAST DUVAL STREET
LAKE CITY
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

636 EAST DUVAL STREET
US HAY 90 EAST
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 55-0896010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULTANA, SHAMIMA
636 EAST DUVAL ST.
US HWAY 90 EAST
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ISLAM KHAN, MD. SHAFIQUL
Address: 27TH VALE ROAD, TUNBRIDG WELLS
City-St-Zip: KENT, K TN 1 1BS UK

Title: D () Delete
Name: AKTHER, NAZMA
Address: 75 NORTH MANIKDI BALUGHAT BAZR , DHAKA
City-St-Zip: CANTONMENT, BD DHAKA BD

Title: D () Delete
Name: ISLAM, NURUL PH.D.
Address: 196 GREEN ROAD
City-St-Zip: DHAKA 1205 BANGLADESH, BD DHAKA BD

Title: P () Delete
Name: HARDCASTLE, SHAMIMA
Address: 636 EAST DUVAL STREET
City-St-Zip: LAKE CITY, FL 32055 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SHAMIMA SULTANA

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date