
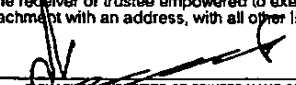


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90041 029 \*\*\*\*70.00

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # N04000001852</b><br>1. Entity Name<br><b>BANGLADESHI ASSOCIATION OF FLORIDA, INC</b>  |  |  |   |    |  |
| Principal Place of Business<br><b>1489 NORTH MILITARY TRAIL SUITE 115B<br/>WEST PALM BEACH FL 33409</b>   |  |  | Mailing Address<br><b>4765 WAVERLY WOOD<br/>LAKE WORTH FL 33463</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                      |   |   |  |
| City & State  |  | City & State   |   |   |  |
| Zip   | Country  | Zip  | Country   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>AHMED, IDRISH<br/>1489 NORTH MILITARY TRAIL SUITE 115B<br/>WEST PALM BEACH FL 33409</b>   |  |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reinstating)<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  |  |   |   |  |
| <b>FILE NOW - FEE IS \$61.25</b><br><b>Due By: May 1, 2005</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make Check Payable to Florida Department of State</b>  |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>        |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | OP<br><b>AHMED, IDRISH</b><br><b>4765 WAVERLY WOOD</b><br><b>LAKE WORTH FL 33463</b> <input type="checkbox"/> Delete       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>AHMED, NAFIS</b><br><b>6569 STONE HURTS CIRCLE</b><br><b>LAKE WORTH FL 33467</b> <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>KHODA, OUDROT E</b><br><b>228 SE 5TH AVENUE</b><br><b>DEERFIELD BEACH FL 33441</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>AHMED, JAHIR</b><br><b>8253 WHITE ROCK CIRCLE</b><br><b>BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>AHMED, SULTAN</b><br><b>1555 NW 8TH STREET</b><br><b>BOYNTON BEACH FL 33486</b> <input type="checkbox"/> Delete    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |  |  |   |   |  |
| <b>SIGNATURE:</b>    |  |  | <b>01-26-05 561-628-7557</b>  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | <small>Date Daytime Phone #</small>                                 |   |  |