2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N04000003437

Entity Name: DHRUPODI FLORIDA INC

Current Principal Place of Business:

6272 LANSDOWNE CIR
BOYNTON BEACH, FL 33437

New Principal Place of Business:

6272 LANSDOWNE CIRCLE
BOYNTON BEACH, FL 33437

Current Mailing Address:

6272 LANSDOWNE CIR
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOSSAIN, MOHAMMAD S
6272 LANSDOWNE CIR
BOYNTON BEACH, FL 33437 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: P ( ) Delete
Name: HOSSAIN, MOHAMMAD S
Address: 6272 LANSDOWNE CIR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DIR ( ) Delete
Name: KHAN, JAHANARA
Address: 6272 LANSDOWNE CIR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DIR ( ) Delete
Name: CHOWDHURY, FIRDOUS
Address: 6272 LANSDOWNE CIR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DIR ( ) Delete
Name: UDDIN, SHOHAG
Address: 6272 LANSDOWNE CIR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DIR ( ) Delete
Name: RAHMAN, SHEIKH M
Address: 6272 LANSDOWNE CIR
City-St-Zip: BOYNTON BEACH, FL 33437

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MOHAMMED S HOSSAIN P 04/30/2005
Electronic Signature of Signing Officer or Director — Date