

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000552

FILED  
Apr 25, 2009  
Secretary of State

**Entity Name:** BANGLADESH-AMERICAN MULTI-CULTURAL ORGANIZATION, INC.

**Current Principal Place of Business:**

5576 BOYNTON PLACE CIRCLE  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

5576 BOYNTON PLACE CIRCLE  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

**FEI Number:** 45-0594214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHMIDT, DAVID W  
100 N.E. FIFTH AVENUE  
DELRAY BEACH, FL 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: PTD ( ) Delete  
Name: HAROON, SARKER  
Address: 11603 ROCK LAKE TERR.  
City-St-Zip: BOYNTON BEACH, FL 33473

Title: D ( ) Delete  
Name: HASAN, MAHMUD  
Address: 11603 ROKE LAKE TERR.  
City-St-Zip: BOYNTON BEACH, FL 33473

Title: D ( ) Delete  
Name: CHOWURY, HADI  
Address: 11603 ROKE LAKE TERR.  
City-St-Zip: BOYNTON BEACH, FL 33473

Title: SD ( ) Delete  
Name: RANA, KHAN  
Address: 11603 ROKE LAKE TERR.  
City-St-Zip: BOYNTON BCH, FL 33473

Title: D ( ) Delete  
Name: YASMIN, MAHMUD  
Address: 11603 ROKE LAKE TERR.  
City-St-Zip: BOYNTON BCH, FL 33473

**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: D (X) Change ( ) Addition  
Name: YASMIN, MAHMUD  
Address: 11603 ROCK LAKE TERR.  
City-St-Zip: BOYNTON BCH, FL 33473

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: SARKER HAROON

PTD

04/25/2009

Electronic Signature of Signing Officer or Director

Date