

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90067 028 ****70.00

DOCUMENT # N06000013027 1. Entity Name BANGLADESH SOCIETY OF FLORIDA INC			
Principal Place of Business 1515 MICHIGAN AVE 14 KISSIMMEE, FL 34744		Mailing Address 1515 MICHIGAN AVE 14 KISSIMMEE, FL 34744	
2. Principal Place of Business - No P.O. Box # 1970 E. OSCEOLA PKWY		3. Mailing Address 1970 E. OSCEOLA PKWY	
Suite, Apt. #, etc. SUITE # 3000		Suite, Apt. #, etc. SUITE # 3000	
City & State KISSIMMEE, FL		City & State KISSIMMEE, FL	
Zip 34743	Country	Zip 34743	Country
4. FEI Number 20-8619529		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUSTAFA, SHAWON 1515 MICHIGAN AVE 14 KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name FAKHRUL AHSAN Street Address (P.O. Box Number is Not Acceptable) 1659 PROVIDENCE CIR. City ORLANDO FL Zip Code 32818	
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 <u><i>Fakhrul Ahsan</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/2/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE SECRETARY	<input type="checkbox"/> Delete		
NAME AHSAN, FAKHRUL	<input type="checkbox"/> Delete		
STREET ADDRESS 1659 PROVIDENCE CIRCLE	<input type="checkbox"/> Delete		
CITY-ST-ZIP ORLANDO, FL 32818	<input type="checkbox"/> Delete		
TITLE D	<input checked="" type="checkbox"/> Delete		
NAME KHAN, AKM KAMALUDDIN	<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 808 SAN PEDRO COURT	<input checked="" type="checkbox"/> Delete		
CITY-ST-ZIP KISSIMMEE, FL 34758	<input checked="" type="checkbox"/> Delete		
TITLE D	<input checked="" type="checkbox"/> Delete		
NAME FARHAD, KIBRIA	<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 2734 BURWOOD AVE	<input checked="" type="checkbox"/> Delete		
CITY-ST-ZIP ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete		
TITLE D	<input checked="" type="checkbox"/> Delete		
NAME HUSSAIN, AKM SHAKHAWAT	<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 2706 BARTLET DR.	<input checked="" type="checkbox"/> Delete		
CITY-ST-ZIP KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete		
TITLE D	<input checked="" type="checkbox"/> Delete		
NAME HOSSAIN, MD I	<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 8313 DOT LANE	<input checked="" type="checkbox"/> Delete		
CITY-ST-ZIP ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete		
TITLE D	<input type="checkbox"/> Delete		
NAME HOSSAIN, MOHAMMED M	<input type="checkbox"/> Delete		
STREET ADDRESS 2498 TANDORI CIRCLE	<input type="checkbox"/> Delete		
CITY-ST-ZIP ORLANDO, FL 32837	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME MOHAMED ZAINAL CHOWDHURY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 11440 KENLEY CIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP ORLANDO, FL 32824	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME AKM SHOWKAT HUSSAIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 901 NOLA DR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP KISSIMMEE, FL- 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME DEWAN WASI UDDIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 6129 TOMOKA DR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP ORLANDO, FL- 32809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME ANAM A SYED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 2509 HIGHLAND AVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP KISSIMMEE, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME KANAK REZA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS 924 HUNTERS CREEK DR #202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
CITY-ST-ZIP DELAND, FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME KANAK REZA	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 924 HUNTERS CREEK DR #202	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP DELAND, FL 32720	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE: <u><i>Fakhrul Ahsan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/2/08</u> <small>Date Daytime Phone #</small>	