

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003033

FILED
Feb 27, 2007
Secretary of State

Entity Name: HOPE FOUNDATION FOR WOMEN & CHILDREN OF BANGLADESH, INC.

Current Principal Place of Business:

5416NW 190TH ST
OPA LOCKA, FL 33055

New Principal Place of Business:

Current Mailing Address:

5416 NW 190TH ST
OPA LOCKA, FL 33055

New Mailing Address:

FEI Number: 65-0925102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAHMOOD, IFTIKHER M.D.
5416 NW 190TH ST
OPA LOCKA, FL 33055 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: MAHMOOD, IFTIKHER
Address: 5416 NW 190 STREET
City-St-Zip: OPA LOCKA, FL 33055

Title: S () Delete
Name: TAHER, MD I
Address: 2767 CARAMBOLLA CIRCLE SOUTH, APT# 101B
City-St-Zip: COCCONUT CREEK, FL 33066

Title: VP () Delete
Name: KHAN, SHAMEEM
Address: 146 CANTERBURY PLACE
City-St-Zip: ROYAL PALM BEACH, FL 33414

Title: D () Delete
Name: CHOWDHURY, SHAFIUL
Address: 22568 BLUEFIN TRAIL
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: UDDIN, MOHAMMED I
Address: 8407 SW 5TH ST APT 104
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: KHAN, MOHAMMED I
Address: 3770 NW19 STREET
City-St-Zip: COCCONUT CREEK, FL 33066

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
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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 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: IFTIKHER MAHMOOD

P

02/27/2007

Electronic Signature of Signing Officer or Director

Date