

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90036 008 \*\*\*\*70.00

<b>DOCUMENT # N99000003033</b> 1. Entity Name <b>HOPE FOUNDATION FOR WOMEN &amp; CHILDREN OF BANGLADESH, INC.</b>					
Principal Place of Business 5416NW 190TH ST OPA LOCKA, FL 33055			Mailing Address 5416 NW 190TH ST OPA LOCKA, FL 33055		
2. Principal Place of Business - No P.O. Box # <i>Same as above</i>		3. Mailing Address <i>Same as above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0925102</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MAHMOOD, IFTIKHER M.D.</b> <b>5416 NW 190TH ST</b> <b>OPA LOCKA, FL 33055</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing 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>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHMOOD, IFTIKHER <input type="checkbox"/> Delete 5416 NW 190 STREET OPA LOCKA, FL 33055				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAHER, MD I <input type="checkbox"/> Delete 2767 CARAMBOLLA CIRCLE SOUTH, APT# 101B COCCONUT CREEK, FL 33066				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KHAN, SHAMEEM <input type="checkbox"/> Delete 146 CANTERBURY PLACE ROYAL PALM BEACH, FL 33414				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOWDHURY, SHAFIUL <input type="checkbox"/> Delete 22568 BLUEFIN TRAIL BOCA RATON, FL 33428				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UDDIN, MOHAMMED I <input type="checkbox"/> Delete 8407 SW 5TH ST APT 104 PEMBROKE PINES, FL 33025				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHAN, MOHAMMED I <input type="checkbox"/> Delete 3770 NW19 STREET COCCONUT CREEK, FL 33066				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mohammed A MANZUR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8686 Cobblestone Point circle Boynton Beach, FL 33437				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mohammed Elias Chowdhury <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 999 NE 167 street North miami beach, FL 33162				
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.					
<b>SIGNATURE:</b> <i>Uddin</i> <span style="float: right;">3/19/08 3053180142</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					