## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003033

FILED Apr 11, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

5416NW 190TH ST 5416 NW 190TH ST OPA LOCKA, FL 33055 OPA LOCKA, FL 33055

Current Mailing Address: New Mailing Address:

5416 NW 190TH ST OPA LOCKA, FL 33055

FEI Number: 65-0925102 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

MAHMOOD, IFTIKHER M.D.

5416 NW 190TH ST

OPA LOCKA, FL 33055 US

MAHMOOD, IFTIKHER U M.D.

5416 NW 190TH ST

OPA LOCKA, FL 33055 US

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: IFTIKHER MAHMOOD 04/11/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: MAHMOOD, IFTIKHER U MD Address: 5416 NW 190 STREET Address: 5416 NW 190 STREET City-St-Zip: OPA LOCKA, FL 33055

Title: S () Delete Title: S (X) Change () Addition

Name: TAHER, MD I Name: TAHER, MD I

 Address:
 2767 CARAMBOLLA CIRCLE SOUTH, APT# 101B
 Address: 5300 NW 55TH STREET, APT 206

 City-St-Zip:
 COCCONUT CREEK, FL 33066
 City-St-Zip: COCCONUT CREEK, FL 33073

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

Name:KHAN, SHAMEEMName:KHAN, SHAMEEM GAddress:146 CANTERBURY PLACEAddress:146 CANTERBURY PLACECity-St-Zip:ROYAL PALM BEACH, FL 33414City-St-Zip:ROYAL PALM BEACH, FL 33414

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CHOWDHURY, SHAFIUL
 Name:

 Address:
 22568 BLUEFIN TRAIL
 Address:

 City-St-Zip:
 BOCA RATON, FL 33428
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 UDDIN, MOHAMMED I
 Name:

 Address:
 8407 SW 5TH ST APT 104
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33025
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KHAN, MOHAMMED I
 Name:

 Address:
 3770 NW19 STREET
 Address:

 City-St-Zip:
 COCCONUT CREEK, FL 33066
 City-St-Zip:

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: IFTIKHER MAHMOOD PRES 04/11/2009