

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000069070

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** CHOWDHURY AND CHOWDHURY, INC.

**Current Principal Place of Business:**

822 N. CHARLESTON AVENUE  
FORT MEADE, FL 33841

**New Principal Place of Business:**

**Current Mailing Address:**

822 N. CHARLESTON AVENUE  
FORT MEADE, FL 33841 US

**New Mailing Address:**

**FEI Number:** 59-3657437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHOWDHURY, M. AZAM  
822 N. CHARLESTON AVENUE  
FORT MEADE, FL 33841 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: PD  
Name: CHOWDHURY, M. AZAM  
Address: 8609 S BAY DRIVE  
City-St-Zip: ORLANDO, FL 32819 US

Title: STD  
Name: CHOWDHURY, MOHAMMAD N  
Address: 822 N. CHARLESTON AVENUE  
City-St-Zip: FORT MEADE, FL 33841 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MOHAMMAD N CHOWDHURY

STD

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date