

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000090136**

1. Entity Name  
PAK-BANGLA ENTERPRISES, INC.



Principal Place of Business  
11301 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

Mailing Address  
11301 S ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**DO NOT WRITE IN THIS SPACE**



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number  
16-1679726

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KHALIQ, CHOUDHERY  
12116 BELLSWORTH WAY  
ORLANDO, FL 32887

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	KHALIAQ, CHOUDHERY
STREET ADDRESS	12116 BELLSWORTH WAY
CITY-ST-ZIP	ORLANDO, FL 32887
TITLE	V
NAME	NADEEM, IQBAL
STREET ADDRESS	12116 BELLSWORTH WAY
CITY-ST-ZIP	ORLANDO, FL 32887
TITLE	SD
NAME	KAUSER, UZMA
STREET ADDRESS	12116 BELLSWORTH WAY
CITY-ST-ZIP	ORLANDO, FL 32887
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000257520  
03/10/05-80004-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/05

Date

Daytime Phone #