

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119354

FILED
Apr 30, 2004
Secretary of State

Entity Name: SONALI BANGLA, INC.

Current Principal Place of Business:

16460 NE 16TH AVENUE
N. MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16460 NE 16TH AVENUE
N. MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 20-0403616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMAN, MOHAMMED
16460 NE 16TH AVENUE
N. MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

ZAMAN, MOHAMMAD
16460 NE 16TH AVENUE
N. MIAMI BEACH, FL 33162 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: MOHAMMAD ZAMAN

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZAMAN, MOHAMMED
Address: 7545 E. TREASURE DR. #5B
City-St-Zip: N. BAY VILLAGE, FL 33140

Title: VPD () Delete
Name: HOSSAIN, MOHAMMED Z
Address: 537 SHADY PINE WAY #A-1
City-St-Zip: WEST PALM BEACH, FL 33415

Title: STD () Delete
Name: KHAN, RAJIB H
Address: 232 SPRINGDALE CIRCLE
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ZAMAN, MOHAMMAD
Address: 7545 E. TREASURE DR. #5B
City-St-Zip: N. BAY VILLAGE, FL 33140

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 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 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 an address, with all other like empowered.

SIGNATURE: MOHAMMAD ZAMAN

PD

04/30/2004

Electronic Signature of Signing Officer or Director

Date