


**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

14010629



04132005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000066021</b>		04-29-2005 90276 022 ***158.75	
1. Entity Name <b>BANGLADESH EXPORT IMPORT USA, INC.</b>			
Principal Place of Business <b>1489 N MILITARY TRAIL SUITE #115B WEST PALM BEACH, FL 33409</b>		Mailing Address <b>1489 N MILITARY TRAIL SUITE #115B WEST PALM BEACH, FL 33409</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ISLAM, MD. ASHRAFUL 1489 N MILITARY TRAIL SUITE #115B WEST PALM BEACH, FL 33409		Name <b>Ahmed, Idrish</b> Street Address (P.O. Box Number is Not Acceptable) <b>4765 Waverly Wood Terr.</b> City <b>Lake Worth</b> FL Zip Code <b>33463</b>	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME ISLAM, MD. ASHRAFUL STREET ADDRESS 1489 N MILITARY TRAIL SUITE #115B CITY-ST-ZIP WEST PALM BEACH, FL 33409		TITLE PD NAME Idrish Ahmed STREET ADDRESS 4765 Waverly Wood Terr. CITY-ST-ZIP Lake Worth, FL 33463	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____		04-18-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	