

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90029 042 \*\*\*150.00



**DOCUMENT # P04000114776**  
 1. Entity Name  
**3 BROTHERS ENTERPRISES OF BANG, INC.**

Principal Place of Business      Mailing Address  
**6915 WEST WATERS AVE.**      **6915 WEST WATERS AVE.**  
**TAMPA FL 33634**      **TAMPA FL 33634**



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 **20-1453341**      Applied For  
 Not Applicable

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

1st MOORE      CR2E034 (10/04)

**6. Name and Address of Current Registered Agent**  
**RAHMAN, MIZANUR**  
**10263 GANDY BLVD.**  
**503**  
**ST. PETERSBURG FL 33702**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00 May Be**  
 Trust Fund Contribution.  **Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	RAHMAN, MIZANUR	
STREET ADDRESS	10263 GANDY BLVD. #503	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MUNSHI, MOHAMMED I	
STREET ADDRESS	42-15 LAYTON ST. #2B	
CITY-ST-ZIP	ELMHURST NY 11373	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOQUE, AZIZUL	
STREET ADDRESS	86-15 ELMHURST AVE. #3E	
CITY-ST-ZIP	ELMHURST NY 11373	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **RAHMAN, MIZANUR**

Date: **4/8/05**      Daytime Phone #: **813-884-3095**