


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000155364					
1. Entity Name RAHMAN & CHOWDHURY PARTNERS, INC.					
Principal Place of Business 874 N. DIXIE HWY. LANTANA FL 33462			Mailing Address 874 N. DIXIE HWY. LANTANA FL 33462		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1870909	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAHMAN, REZAUR 874 N. DIXIE HWY. LANTANA FL 33462			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 registering)					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAHMAN, REZAUR 874 N. DIXIE HWY. LANTANA FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000679827 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/03/07-80046-005 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHOWDHURY, MAKSUDUL H 874 N. DIXIE HWY. LANTANA FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Rezaur Rahman</u> REZAUR RAHMAN			3/21/07 561-588-6768 <small>Date Daytime Phone #</small>		

