


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90033 042 ***150.00

DOCUMENT # P05000143828						
1. Entity Name BANGLADESH MEDICAL ASSOCIATION OF NORTH AMERICA INC.						
Principal Place of Business 9213 COUNTRY BAY COURT ORLANDO, FL 32819			Mailing Address 9213 COUNTRY BAY COURT ORLANDO, FL 32819			
2. Principal Place of Business - No P.O. Box # 5418 Osprey Isle Lane		3. Mailing Address 5418 Osprey Isle Lane				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 03-0574141		
Zip 3219		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ATIQUZZAMAN, BASHER M 9213 COUNTRY BAY COURT ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name <u>Atiquzzaman, Basher M.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5418 Osprey Isle Lane</u> City <u>Orlando</u> <u>FL</u> <u>32819</u>			
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, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME ATIQUZZAMAN, BASHER M		<input type="checkbox"/> Delete	TITLE 	NAME Atiquzzaman, Basher M.	
STREET ADDRESS 9213 COUNTRY BAY COURT	CITY-ST-ZIP ORLANDO, FL 32819		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 5418 Osprey Isle Lane	CITY-ST-ZIP Orlando, FL 32819	
TITLE VP	NAME CHOWDHURY, KABIR		<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 421 NORTHWEST SCENIC LAKE DRIVE	CITY-ST-ZIP LAKE CITY, FL 32055		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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>Atiquzzaman</u>				Date <u>4/25/7</u> Daytime Phone # <u>407-415-2481</u>		