

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000057096

1. Entity Name
BANGCO, INC.



Principal Place of Business
**9768 BAY VISTA ESTATE BLVD.
ORLANDO, FL 32836**

Mailing Address
**9768 BAY VISTA ESTATE BLVD.
ORLANDO, FL 32836**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3411734** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAIDER, SYED I
9768 BAY VISTA ESTATE BLVD
ORLANDO, FL 32836**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HAIDER, SYED I**
STREET ADDRESS **9768 BAY VISTA ESTATE BLVD**
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **T**
NAME **ALI, SHEIKH M**
STREET ADDRESS **4710 S ORANGE AVENUE**
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **VP**
NAME **THAKUR, MURAD K DR**
STREET ADDRESS **5480 CURRY FORD ROAD**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **S**
NAME **CHOWDHURY, MOHAMMED A.**
STREET ADDRESS **8609 SOUTH BAY DR.**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000402691
02/03/06-80018-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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:
*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/06 321-229-2179
Date Daytime Phone #