

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000005965

1. Entity Name
LTD INC. OF USA



FILED
Mar 22, 2007 08:00 AM
Secretary of State

Principal Place of Business
615 LANTANA RD
LANTANA FL 33462

Mailing Address
615 LANTANA RD
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

4. FEI Number 65-0547720

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAHMAN, REZAUR
615 LANTANA RD
LANTANA FL 33462

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME RAHMAN, REZAUR ☐ Delete
STREET ADDRESS 615 LANTANA RD
CITY-STATE-ZIP LANTANA FL 33462

TITLE ☐ Change ☐ Addition
NAME 000000675315
STREET ADDRESS 03/30/07-80014-012 150.00
CITY-STATE-ZIP

TITLE D
NAME CHOWDHURY, MAKUSDUL H ☐ Delete
STREET ADDRESS 615 LANTANA RD
CITY-STATE-ZIP LANTANA FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D
NAME AKHAND, FARID A ☐ Delete
STREET ADDRESS 615 LANTANA RD
CITY-STATE-ZIP LANTANA FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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: *Rezaur Rahman* REZAUR RAHMAN

3/19/07

561-588-6768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #