

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29261

FILED
Jul 10, 2008
Secretary of State

Entity Name: GIAO-HOI PHAT-GIAO TANG-GIA KHAT-SI THE-GIOI, INC.

Current Principal Place of Business:

5607 TOWN & COUNTRY BLVD.
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

5607 TOWN & COUNTRY BLVD.
TAMPA, FL 33615

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NGUYEN, AT V
5607 TOWN N COUNTRY BLVD
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NGUYEN, AT V
Address: 8752 WESTMINSTER BLVD
City-St-Zip: WESTMINSTER, CA 92683 US

Title: VP () Delete
Name: LE, XA V
Address: 5607 TOWN & COUNTRY BLVD.
City-St-Zip: TAMPA, FL 33615 US

Title: S () Delete
Name: ONG, KIM HOA T
Address: 5607 TOWN & COUNTRY BLVD.
City-St-Zip: TAMPA, FL 33615 US

Title: T () Delete
Name: DO, BA
Address: 5607 TOWN & COUNTRY BLVD.
City-St-Zip: TAMPA, FL 33615 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMHOA ONG

S

07/10/2008

Electronic Signature of Signing Officer or Director

Date