## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 05, 2007 08:00 AM **DOCUMENT # P94000037522 Secretary of State** 1. Entity Name NGHÍA LE, INC. Principal Place of Business Mailing Address 9551 COLONIAL DR 9551 COLONIAL DR MIAMI, FL 33157 MIAMI, FL 33157 01232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0498216 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEDMON, NGHIA LE DO NOT WRITE 9551 COLONIAL DR MIAMI, FL 33157 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITI F DEDMON, NGHIA LE NAME STREET ADDRESS 9551 COLONIAL DR U00000620336 CITY-ST-ZIP MIAMI, FL 33157 02/09/07-80033-004 15n.dn TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:** 

STREET ADDRESS CITY-ST-ZIP

SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/47

305. 238,5550

**FILED**