

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N29261

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

Current Principal Place of Business:

5607 TOWN N COUNTRY BLVD.
TAMPA, FL 33615

Current Mailing Address:

5607 TOWN N COUNTRY BLVD.
TAMPA, FL 33615 US

FEI Number: 46-5330079

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHOEMAKER, HANNA
5607 TOWN N COUNTRY BLVD
TAMPA, FL 33615 US

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: HANNA SHOEMAKER

09/20/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name NGUYEN, CO XUAN
Address 5607 TOWN N COUNTRY BLVD
City-State-Zip: TAMPA FL 33615

Title VP, DIRECTOR
Name TRAN, HOA VAN
Address 8408 N WILLOW AVE
City-State-Zip: TAMPA FL 33604

Title VP
Name HO, PHUONG HOANG
Address 5607 TOWN N COUNTRY BLVD
City-State-Zip: TAMPA FL 33615

Title SECRETARY, DIRECTOR
Name HOANG, LOAN BICH
Address TOWN N COUNTRY BLVD
City-State-Zip: TAMPA FL 33615

Title TREASURER
Name TRAN, BELE KIM
Address TOWN N COUNTRY BLVD
City-State-Zip: TAMPA FL 33615

Title ASST. SECRETARY
Name SHOEMAKER, HANNA
Address TOWN N COUNTRY BLVD
City-State-Zip: TAMPA FL 33615

Title DIRECTOR
Name TRUONG, DANNY
Address TOWN N COUNTRY BLVD
City-State-Zip: TAMPA FL 33615

Title DIRECTOR
Name TRAN, LEIGHTON
Address TOWN N COUNTRY BLVD
City-State-Zip: TAMPA FL 33615

I hereby 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 all other like empowered.

SIGNATURE: LOAN B HOANG

SECRETARY DIRECTOR

09/20/2017

Electronic Signature of Signing Officer/Director Detail

Date