

DOCUMENT # H94151

| Principal Place of Business                                  | Mailing Address  |
|--|--|
| % LY DIEU DINH<br>11708 SPANISH LAKE DRIVE<br>TAMPA FL 33635 | % LY DIEU DINH<br>11708 SPANISH LAKE DRIVE<br>TAMPA FL 33635 |

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
|---------------------------------------|---------------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |         |              |         |
|--------------|---------|--------------|---------|
| City & State |         | City & State |         |
| Zip          | Country | Zip          | Country |

|  |         |     |         |
|--|---------|-----|---------|
| Zip  | Country | Zip | Country |
| <b>6. Name and Address of Current Registered Agent</b> |         |     |         |

|   |                  |
|---|------------------|
| LY, DIEU DINH<br>11708 SPANISH LAKE DRIVE<br>TAMPA FL 33635 | Name             |
|   | Street Address ( |
|   |                  |
|   | City             |

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |   |
|--|--|---|
| <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.<br/>(See criteria on back) <input type="checkbox"/></p> | <p><b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After MAY 1, 2001 Fee will be \$550.00</b><br/> <b>Make Check Payable to Department of State</b></p> | <p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p> |
|--|--|---|

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>LY, DIEU DINH<br>11708 SPANISH LAKE DR<br>TAMPA FL | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: [Signature] 3/8/01 (813) 884-9628  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**  
03-12-2001 90425 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|               |            |                |
|---------------|------------|----------------|
| 4. FEI Number | 59-2723507 | Applied For    |
|               |            | Not Applicable |

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

|   |          |
|---|----------|
| 7. Name and Address of New Registered Agent |          |
|   |          |
| O. Box Number is Not Acceptable)            |          |
|   |          |
| FL  | Zip Code |

CR2E034 (10/00)