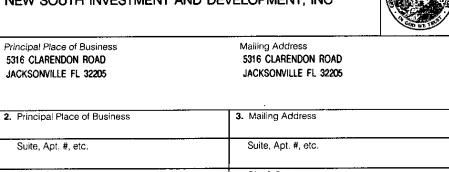
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (



Apr 07, 2003 8:00 am Secretary of State 04-07-2003 91018 006 ***150.00

FILED

| Entity Name | |
|---|--|
| IEW SOUTH INVESTMENT AND DEVELOPMENT, INC | |
| | |



| 2. Principal Place of Business 3. Mailing Address | | | | ,DIT BIB11 BIB11 DIB11 BIB11 (DBI | | | |
|---|--|---|--------------|--|---|-----------------------------------|--|
| Suite, Apt. #, etc. | · · · · · · · · · · · · · · · · · · · | Suite, Apt. #, etc. City & State City & State Country Country Check Here 59-283877 5. Certificate of Status Desired | | . CHECK HERE IF MAKING | RE IF MAKING CHANGES | | |
| City & State | | City & State | City & State | | 4. FEI Number 59-2838778 | Applied For Not Applicable | |
| Zip | Country | , Zip Co | | ntry | | \$8.75 Additional Fee Required | |
| 6. 1 | Name and Address of Cu | rrent Registered Agent | <u> </u> | | 7. Name and Address of New Registered | Agent | |
| NGUYEN, DUC 1 | | | ÷ | Name | gr v e | | |
| 803 ROSSELLE ST | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| SUITE 4 | 31 | | | | | | |
| JACKSONVILLE FL 32204 | | | City | Zip Code | | | |
| the obligations of | | | | | stered agent, or both, in the State of Florida. I am (| amiliar with, and accept | |
| FILE NO | OW!!! FEE IS \$150.00 I, 2003 Fee will be \$55 ble to Florida Departme | 0.00 | | | 9. Election Campaign Financing Trust Fund Contribution. | | |
| 10 . | OFFICERS | AND DIRECTORS | 11. | | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 11 | |

| 💐 FILE NOW!!! FEE IS \$150.00 | |
|---|--|
| After May 1, 2003 Fee will be \$550.00 | |
| Make Check Payable to Florida Department of State | |

| 10. | OFFICERS AND DIRECTORS | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 | | | |
|--|--|----------|--|--|----------|------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LE, NHUY HOA NGUYEN 5316 CLARENDON ROAD JACKSONVILLE FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NGUYEN, DUC L 803 ROSSELLE ST JACKSONVILLE FL | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | yn e see see | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | • • • • • • • • • • • • • • • • • | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME STREET ADDRESS | | ☐ Change | ☐ Addition | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

