

**DOCUMENT # K75948**

1. Entity Name  
**CHO A DONG, INC**

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90051 017 \*\*\*158.75

|  |  |
|--|--|
| Principal Place of Business<br>4245 N. STATE ROAD 7<br>LAUDERDALE LAKES FL 33319 | Mailing Address<br>4245 N. STATE ROAD 7<br>LAUDERDALE LAKES FL 33319 |
|--|--|



DO NOT WRITE IN THIS SPACE

|  |  |   |  |
|--|--|---|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 4. FEI Number<br><b>65-0117689</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| Country  | Country  | 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent

**HACKER, BRENDA**  
1500 NW 49TH ST #500  
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: **LUONG, ANH - T**  
Street Address (P.O. Box Number is Not Acceptable):  
**4245 N-STATE ROAD 7**  
City: **LAUDERDALE LAKES FL** Zip Code: **33319**

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: *Anh Tuan Luong* **LUONG, ANH-TUAN** DATE: **1/4/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSD<br/>LUONG, VIET<br/>4257 N STATE RD 7<br/>LAUDERDALE LAKES FL</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VTD<br/>LUONG, MINH<br/>4257 N STATE RD 7<br/>LAUDERDALE LAKES FL</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSD<br/>LUONG, ANH TUAN<br/>4257 N-STATE ROAD 7<br/>LAUDERDALE LAKES, FL</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VTD<br/>LUONG, NGUYET THU<br/>4257 N-STATE ROAD 7<br/>LAUDERDALE LAKES, FL</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <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 all other like empowered.

SIGNATURE: *Anh Tuan Luong* **LUONG, ANH-TUAN** DATE: **1/4/01** DAYTIME PHONE #: **(954) 485-9450**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)