2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L02165 1. Entity Name TRUÓNG QUACH, INC. Principal Place of Business Mailing Address % BANG QUACH % BANG QUACH 10454 66 ST N 10454 66 ST N

FILED Mar 22, 2004 8:00 am Secretary of State

03-22-2004 90070 017 ***150.00



DO NOT WRITE IN THIS SPACE

PINELLAS PARK, FL 34666-2308

CR2E034 (10/03) 03062004 No Chg-P Applied For 4. FEI Number

59-2957897 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

QUACH, BANG 10454 66 ST N PINELLAS PARK, FL 33565

PINELLAS PARK, FL 34666-2308

DO NOT WRITE 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) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.					\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD QUACH, BANG 10454 66 ST N PINELLAS PARK, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LY, DIEP 10454 66 ST N PINELLAS PARK, FL					
TITLE NAME [—] Street address City-St-Zip					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						

NTED NAME OF SIGN