

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2007 08:00 A
Secretary of State

DOCUMENT # M42264

1. Entity Name
THIEN-NGUYEN, INC.



Principal Place of Business
**318 MIRACLE MILE
CORAL GABLES, FL 33134 US**

Mailing Address
**318 MIRACLE MILE
CORAL GABLES, FL 33134 US**



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2737844	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**NGUYEN, LANCHI
2757 S.W. 3RD ST.
MIAMI, FL 33135**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NGUYEN, DUNG 2759 S.W. 3RD ST. MIAMI, FL 33135
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NGUYEN, LANCHI 2757 S.W. 3RD ST. MIAMI, FL 33134
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHU, CHI L. 2757 S.W. 3RD ST. MIAMI, FL 33134
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

U000000765660
06/01/07-80016-020 150100

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

Lanchi Nguyen

5-0107

305-446-2360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #