

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90273 049 ****61.25

DOCUMENT # N02000001884

1. Entity Name
FLORIDA ZOMI INNKUAN (USA), INC.



Principal Place of Business
4920 N.W. 79TH AVENUE
#107
MIAMI, FL 33166

Mailing Address
4920 N.W. 79TH AVENUE
#107
MIAMI, FL 33166

94076657



2. Principal Place of Business

3. Mailing Address

04272004 Chg-NP CR2E037 (10/03)

4. FEI Number
02-0591752

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAND, THAND D.
4920 N.W. 79TH AVENUE
#107
MIAMI, FL 33166

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KHUP, THAWNG LIAN ☒ Delete
STREET ADDRESS 3427 S LONGFELLOW CIR
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE PD
NAME VUNG H EN THANG ☐ Change ☒ Addition
STREET ADDRESS 33 S.E. 15 ST. APT. A
CITY-ST-ZIP DANIA, FL 33004

TITLE VD
NAME MUNG, PAGIN ☒ Delete
STREET ADDRESS 1185 SW 16TH AVE #1
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE VD
NAME GIN ZA MUNG ☐ Change ☐ Addition
STREET ADDRESS 2332 SW 35 AVE
CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE SD
NAME HANG, THANG D ☐ Delete
STREET ADDRESS 4920 N.W. 79TH AVE. #107
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 617, 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: THANG D. HANG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-04 (305) 401-1513
Date Daytime Phone #