

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90131 040 ****61.25

DOCUMENT # N02000001884

1. Entity Name

FLORIDA ZOMI INN KUAN (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



2. Principal Place of Business
15835 SW 50 TER.
Suite, Apt. #, etc.

3. Mailing Address
15835 SW 50 TER
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
02-0591752

Applied For
Not Applicable

Zip
33185

Country
USA

Zip
33185

Country
USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name ~~GIN~~ MUN TUANG, CIN
Street Address (P.O. Box Number is Not Acceptable)
15835 SW 50 TER.
City MIAMI FL Zip Code 33185

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

CIN MUN TUANG (SD)

(NOTE: Registered Agent signature required when reinstating)

04/04/05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EN THANG, VUNGH	
STREET ADDRESS	33 SE 15 ST APT A	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ZA MONG, GIN	
STREET ADDRESS	2332 SW 35 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HANG, THANG D	
STREET ADDRESS	4920 N.W. 79TH AVE. #107	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZA PAU, GIN	
STREET ADDRESS	6952 SW 39ST. #C101	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EN THANG, VUNGH	
STREET ADDRESS	6644 HIDDEN COVE DR.	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUN TUANG, CIN	
STREET ADDRESS	15835 SW 50 TER.	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CIN MUN TUANG (SD) 04/04/05 (305) 219-2666

Date

Daytime Phone #