

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N02000003000

1. Entity Name
**CENTRAL FLORIDA VIETNAMESE BUSINESS OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**1216 E. COLONIAL DR., STE. 2
ORLANDO, FL 32803**

Mailing Address
**1216 E. COLONIAL DR., STE. 2
ORLANDO, FL 32803**

APPROVED
AND
FILED
07 DEC 10 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12-12-07



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REINSTATEMENT

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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

600110943016

11/16/07--01005--018 **183.75

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

600110943016

10/18/07--01021--005 **61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
PHAM, PETER
1216 E. COLONIAL DR., STE. 2
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
PHAM, KIM
1216 E. COLONIAL DR., STE. 2
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
PHAM, CHRISTY
1216 E. COLONIAL DR., STE. 2
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 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

10/14/07

Date

Daytime Phone #