

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005899

FILED
Jul 03, 2007
Secretary of State

Entity Name: NHA VIETNAM CORP

Current Principal Place of Business:

106 N. ALBANY AVE
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10573
TAMPA, FL 33679 US

New Mailing Address:

FEI Number: 20-0140654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NGUYEN, LAI
106 N. ALBANY AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: FDER () Delete
Name: LE, NGA T
Address: PO BOX 10573
City-St-Zip: TAMPA, FL 33679 US

Title: P () Delete
Name: NGUYEN, THI D
Address: PO BOX 10573
City-St-Zip: TAMPA, FL 33679 US

Title: VP () Delete
Name: LAIHUYEN, LIENNHU
Address: PO BOX 10573
City-St-Zip: TAMPA, FL 33679 US

Title: TREA () Delete
Name: NGO, THAO
Address: PO BOX 10573
City-St-Zip: TAMPA, FL 33679 US

Title: DIR () Delete
Name: TRAN, PHUONG T
Address: PO BOX 10573
City-St-Zip: TAMPA, FL 33679 US

Title: AVD () Delete
Name: TRAN, HOANH D
Address: PO BOX 10573
City-St-Zip: TAMPA, FL 33679 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LE, NGA

FDER

07/03/2007

Electronic Signature of Signing Officer or Director

Date