2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008
Secretary of State

DOCUMENT# N03000005899

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 (X)**

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: NGUYENPHUOC NGA LE FDER 02/22/2008

Electronic Signature of Signing Officer or Director — Date