


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-11-2004 90083 001 ****61.25
08-11-2004 90083 002 *****5.00

DOCUMENT # N37882 1. Entity Name TAM-BAO TEMPLE, INC.	
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Principal Place of Business 4766 N ROCK SPRINGS RD APOPKA FL 32712	Mailing Address TAM BAO TEMPLE 4766 N ROCK SPRINGS RD APOPKA FL 32712
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66431963



MOORE CR2E037 (4/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TUAN-SANVARO, REV. , NGUYEN QUANG 4766 N ROCK SPRINGS RD APOPKA FL 32712	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  DATE **Aug 12, 2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By September 8, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUAN, QUANG NGUYEN REV. <input type="checkbox"/> Delete 4766 N ROCK SPRING RD APOPKA FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAM VAN, PHUC <input type="checkbox"/> Delete 5510 AXIOM AVE ORLANDO FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, ELVIS <input checked="" type="checkbox"/> Delete 1048 34TH ST. ORLANDO FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAN, THUY HANG <input type="checkbox"/> Delete 7600 DEBEAUBIEN DR. ORLANDO FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, THU CUC <input type="checkbox"/> Delete 358 SOUTHERN CHARM DR. ORLANDO FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAI, HUNG LAM <input type="checkbox"/> Delete 7600 DEBEAUBIEN DR. ORLANDO FL 32835

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Dang Nguyen 1792 CHATHAM circle APOPK FLORIDA 32703.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **Aug 12, 2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
Doc # N37882

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45202

DATE OF THIS NOTICE: 02-14-2002
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 03-0383169
FORM: SS-4
0134038739 0

X

66431963

TAM-BAO TEMPLE INC
% TUAN QUANG NGUYEN
4766 N ROCK SPRINGS RD
APOPKA FL 32712

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 03-0383169. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Tuan Quang Nguyen
Tuan Quang Nguyen
Aug 12, 2004



Keep this part for your records.

CP 575 E (Rev. 1-2001)

TAMBAO TEMPLE
VIEN HANH SANVARO
4766 N. ROCK SPRINGS ROAD
APOPKA, FL 32712
(407) 886-7092