


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000039870 1. Entity Name KIM LONG RESTAURANT, INC.	
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Principal Place of Business 1326 N. MILLS AVE. ORLANDO, FL 32803	Mailing Address 1326 N. MILLS AVE. ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3719888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NGUYEN, TINH D 1326 N. MILLS AVE. ORLANDO, FL 32803	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NGUYEN, TINH D 1326 N. MILLS AVE. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BUI, BACH D 1326 N. MILLS AVE. ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NGUYEN, HANNI 1326 N. MILLS AVE. ORLANDO, FL 32803
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/23/05-80029-019 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: TINH D NGUYEN Mar 20 05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #