


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90042 046 ***150.00

DOCUMENT # P01000088473

1. Entity Name
HMONG OLDSMAR, INC.



Principal Place of Business
180 BAYVIEW BLVD N
OLDSMAR, FL 34677

Mailing Address
180 BAYVIEW BLVD N
OLDSMAR, FL 34677

DO NOT WRITE IN THIS SPACE



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3743288	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

HEU VUE, SYLVIE
180 BAYVIEW BLVD N
OLDSMAR, FL 34677

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 *Sylvie* DATE 4-7-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HEU VUE, SYLVIE
STREET ADDRESS	180 BAYVIEW BLVD N
CITY - ST - ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	HEU, KA YOUA
STREET ADDRESS	180 BAYVIEW BLVD.
CITY - ST - ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	VU, MO
STREET ADDRESS	180 BAYVIEW BLVD N
CITY - ST - ZIP	OLDSMAR, FL 34677
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____