

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000117567

1. Entity Name
MSB RESTAURANT CORP.



Principal Place of Business
10300 SUNSET DRIVE SUITE 284
MIAMI, FL 33173

Mailing Address
9503 S. DIXIE HWY P.O. Box 5517
MIAMI, FL 33256 Miami, FL. 33156

44002867



2. Principal Place of Business

3. Mailing Address

9503 S. Dixie Hwy
Suite, Apt. #, etc.
3

P.O. Box 5517
Suite, Apt. #, etc.

01142004 Chg-P CR2E034 (10/03)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
06-1693055

Applied For
Not Applicable

Zip Country
33156

Zip Country
33156

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NGUYEN, HALI
9503 S. DIXIE HWY.
MIAMI, FL 33256

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME NGUYEN, HALI
STREET ADDRESS PO BOX 5517
CITY-ST-ZIP MIAMI, FL 33256 33156

TITLE Director ☐ Change ☒ Addition
NAME Hali Nguyen-Garcia, Mimi
STREET ADDRESS P.O. Box 5517
CITY-ST-ZIP Miami - FL 33156

TITLE VD ☐ Delete
NAME NGUYEN, PHUOC
STREET ADDRESS PO BOX 5517
CITY-ST-ZIP MIAMI, FL 33256 33156

TITLE VD + SD ☒ Change ☐ Addition
NAME Nguyen, Phuoc
STREET ADDRESS P.O. Box 5517
CITY-ST-ZIP Miami FL 33156

TITLE SD ☐ Delete
NAME NGUYEN, HIEU
STREET ADDRESS PO BOX 5517
CITY-ST-ZIP MIAMI, FL 33256 33156

TITLE Director ☒ Change ☐ Addition
NAME Nguyen, Hieu
STREET ADDRESS P.O. Box 5517
CITY-ST-ZIP Miami, FL 33156

TITLE D ☐ Delete
NAME NGUYEN, DUNG
STREET ADDRESS PO BOX 5517
CITY-ST-ZIP MIAMI, FL 33256 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/04 305) 926-9110