
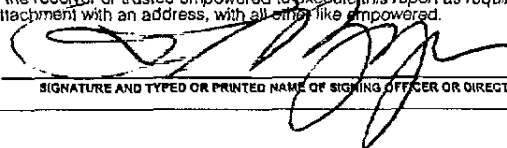


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000117567</b>		
1. Entity Name <b>MSB RESTAURANT CORP.</b>		
Principal Place of Business <b>9503 S. DIXIE HWY MIAMI, FL 33156</b>		Mailing Address <b>PO BOX 5517 MIAMI, FL 33156</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01252006 No Chg-P CR2E034 (11/05)
		4. FEI Number <b>06-1693055</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>NGUYEN, HALI 9503 S. DIXIE HWY. MIAMI, FL 33256</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE	PD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	NGUYEN, HALI	
STREET ADDRESS	PO BOX 5517	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	VOSO	
NAME	NGUYEN, PHUOC	
STREET ADDRESS	PO BOX 5517	<b>DO NOT WRITE IN THIS SPACE</b>
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D	
NAME	NGUYEN, HIEU	
STREET ADDRESS	PO BOX 5517	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	NGUYEN, DUNG	
STREET ADDRESS	PO BOX 5517	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	D	
NAME	NGUYEN, GARCIA M	
STREET ADDRESS	PO BOX 5517	<b>DO NOT WRITE IN THIS SPACE</b>
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		<b>1/30/06 786-3427268</b> Date Daytime Phone #