

2003 FOR PROFIT CORPORATION



1. Entity Nar		0000815 & GROCERY, INC.					
Principal Place of Business 14420 N DALE MABRY HWY TAMPA FL 33618		Mailing Address 14420 N Dale Mabry Hwy Tampa Fl 33618			ex 1430 1	20/5	
	Place of Business Saune as abore	3. Mailing Address Same as above		me		1 3/10) (1 180) (611 (186)	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		·	4. FEI Number 0536319	Applied For Not Applicable	
Žip	Country	Zip	ip Country		5. Certificate of Status Desired \$8.75	Additional	
	6. Name and Address of Current fi	cglotored Agent	<u>ن</u>	- · · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Registered Agent	ulleo	
				Name	0		
HUNG, AH HOOF				C1 (5	ame		
14420 N DALE MABRY HWY				Street Address (P.O. Box Number is Not Acceptable)		i	
TAMPA FL 33618				Same			
,			. (City	FL Zip (Code	
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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				:		5.00 May Be ded to Fees	
10.	OFFICERS AND D	IRECTORS .	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 11	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	D HNG, AH HOOI 4201 INTERLAKE DRIVE TAMPA FL 33624	☐ Delete	TITLE NAME STREET A CITY-ST-	1	☐ Chang	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STHEET AL CITY-ST-		☐ Chang	e Addition	
TITLE NAME • STREET ADDRÉSS CITY-ST-ZIP		Delete	NAME STREET AL		☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ACCURACY CITY-ST-		☐ Chang	e Addition	
TITLE		☐ Delete	TITLE		☐ Chang	e 🔲 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. With an other like empowered.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

■ Addition

FILED

Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90489 047 ***150.00



FLORIDA DEPARTMENT OF STATE Ken Detzner

Secretary of State

February 12, 2003

FIRST INTERNATIONAL ASIAN GIFT & GROCERY, INC. 14420 N DALE MABRY HWY TAMPA, FL 33618

Subject: FIRST INTERNATIONAL ASIAN GIFT & GROCERY, INC.

Reference Number:

P02000000815

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/PC
ANNUAL REPORTS SECTION

P/S = Note: I hard sent a CK 1422 2-6-03

And This is the 2nd CK 1430 2-20-3

If you received the same amontof CK

plears refun -Back to me, Thoubs.

Division of Corporations - P.O. BOX 1500 - Tallahassee, Florida 32302 & Dr. 10