2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # P02000023517 1. Entity Name ASIAN BEST MARKET INC Principal Place of Business Mailing Address 17047 SOUTH DIXIE HIGHWAY 17047 SOUTH DIXIE HIGHWAY **MIAMI FL 33157 MIAMI FL 33157** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 71-0869263 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TRAN, PHUNG K Street Address (P.O. Box Number is Not Acceptable) 11125 SW 180 STREET MIAMI FL 33157 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE (\$ \$150.00" 9. Election Campaign Financing \$5.00 May B. After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11 THUE PD ☐ Delete HILE Change Additio U000000347865 NAME TRAN, PHUNG K NAME 05/02/05-80003-010 150.00 11125 SW 180 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33157 CITY-ST-ZIP CITY - ST - ZIP ☐ Delete THE Change Additio THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-SI-7/P HHF Change Addisc ☐ Delete THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP ☐ Delete TITLE Change Addition Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Addific THE Delete THE Change NAME NAME 191+1 ADDRESS STREET ADDRESS CHY-ST-ZIP LATY ST-ZIP Trice ☐ Delete Tritt Change 🔲 Additic NAME NAME STREET ADDRESS CTREET ADDRESS CITY-ST-ZIP CHY-ST-7(P 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f), Florida Statutes Liurther 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

FILED