

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 22, 2007 08:00 AM  
Secretary of State

DOCUMENT # P02000042121



1. Entity Name

SAIGON TIME CUISINE, INC.

Principal Place of Business

622-1 CASSAT AVE  
JACKSONVILLE FL 32205

Mailing Address

622-1 CASSAT AVE  
JACKSONVILLE FL 32205



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 81-0547860

☒ Applied For  
☐ Not Applicable

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, KIM-HOA T  
622-1 CASSAT AVE  
JACKSONVILLE FL 32205

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

*Kim Hoa T. Nguyen*  
Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

01/17/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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: P ☐ Delete  
NAME: NGUYEN, KIM-HOA T  
STREET ADDRESS: 622-1 CASSAT AVE  
CITY-STATE-ZIP: JACKSONVILLE FL 32205

☐ Change ☐ Addition  
NAME:   
STREET ADDRESS: 000000594896  
CITY-STATE-ZIP: 01/23/07-80017-023 150.00

TITLE: P ☐ Delete  
NAME: NGUYEN, HAI T  
STREET ADDRESS: 622-1 CASSAT AVE  
CITY-STATE-ZIP: JACKSONVILLE FL 32205

☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Delete  
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☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Kim Hoa T. Nguyen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/17/07

904-378-2348