

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000032876

Entity Name: THUY N. TRA, CPA, P.A.

FILED
Apr 19, 2004
Secretary of State

Current Principal Place of Business:

5444 BAY CENTER DRIVE, SUITE #230
TAMPA, FL 33609

New Principal Place of Business:

5415 MARINER STREET
215
TAMPA, FL 33609

Current Mailing Address:

5444 BAY CENTER DRIVE, SUITE #230
TAMPA, FL 33609

New Mailing Address:

5415 MARINER STREET
215
TAMPA, FL 33609

FEI Number: 43-2006707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRA, THUY N
5444 BAY CENTER DRIVE, SUITE #230
TAMPA, FL 33609

Name and Address of New Registered Agent:

TRA, THUY N
5415 MARINER STREET
215
TAMPA, FL 33609

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.

SIGNATURE: THUY NGOC TRA

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: TRA, THUY N
Address: 5444 BAY CENTER DRIVE, SUITE #230
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: TRA, THUY N
Address: 5415 MARINER STREET STE 215
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THUY NGOC TRA

P

04/19/2004

Electronic Signature of Signing Officer or Director

Date