



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90003 016 ***150.00

DOCUMENT # P03000045646 1. Entity Name NAANG LEM VUM, INC.					
Principal Place of Business 2001 BELLEVUE WAY, M101 TALLAHASSEE, FL 32304				Mailing Address 2001 BELLEVUE WAY, M101 TALLAHASSEE, FL 32304	
2. Principal Place of Business 1112, S. MAGNOLIA DR Suite, Apt. #, etc. A-107 City & State TALLAHASSEE, FL Zip 32301 Country U.S.A		3. Mailing Address 1112, S MAGNOLIA DR Suite, Apt. #, etc. A-107 City & State TALLAHASSEE, FL Zip 32301 Country U.S.A			
01222004 Chg-P CR2E034 (10/03)				4. -FEI Number 16-1661534	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KAP GO, VUNGH 2001 BELLEVUE WAY, M101 TALLAHASSEE, FL 32304			7. Name and Address of New Registered Agent Name VUNGH KAP GO Street Address (P.O. Box Number is Not Acceptable) 1112, S MAGNOLIA DR - A-107 City TALLAHASSEE FL Zip Code 32301		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAP GO, VUNGH 2001 BELLEVUE WAY, M101 TALLAHASSEE, FL 32304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VUNGH KAP GO 1112, S MAGNOLIA DR - A-107, TALLAHASSEE, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
SIGNATURE: VUNGH KAP GO			02/17/04 850-445-2032		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		