


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000117106</b> 1. Entity Name <b>NGUYEN'S CUSTOM FLOORS INC.</b>		
Principal Place of Business <b>8338 N. ARMENIA AVE SUITE A TAMPA, FL 33604</b>	Mailing Address <b>5045 BALSAM DR LAND O' LAKES, FL 34639</b>	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  <b>NGUYEN, CHI H 5045 BALSAM DR LAND O' LAKES, FL 34639</b>		
DO NOT WRITE IN THIS SPACE		
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 re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and use if applicable</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D,P <b>NGUYEN, CHI H 5045 BALSAM DR LAND O' LAKES, FL 34639</b>	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>NGUYEN, HUNG T 5045 BALSAM DR LAND O' LAKES, FL 34639</b>	
<b>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.</b>		
<b>SIGNATURE:</b> <u>CHI H. NGUYEN</u> <u>4/21/05</u> <u>813-935-9505</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number **20-0319833** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

00000346528  
04/30/05-80078-024 158.75