

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90221 044 ***158.75

DOCUMENT # P03000117106					
1. Entity Name NGUYEN'S CUSTOM FLOORS INC.					
Principal Place of Business 9320 CRESCENT LOOP CIR. #106 TAMPA, FL 33619			Mailing Address 9320 CRESCENT LOOP CIR. #106 TAMPA, FL 33619		
2. Principal Place of Business - No P.O. Box # 9121 Tollison Loop Suite, Apt. #, etc.		3. Mailing Address 9121 Tollison Loop Suite, Apt. #, etc.			
City & State Land O' Lakes, Florida Zip: 34638 Country: USA		City & State Land O' Lakes, Florida Zip: 34638 Country: USA		03022007 Chg-P CR2E034 (12/06)	
4. FEI Number 20-0319833				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NGUYEN, CUONG 9320 CRESCENT LOOP CIRCLE #106 TAMPA, FL 33619			7. Name and Address of New Registered Agent Name: Chi H. Nguyen Street Address (P.O. Box Number Not Acceptable): 9121 Tollison Loop City: Land O' Lakes FL Zip Code: 34638		
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: <u>Chi H. Nguyen</u> DATE: <u>4/20/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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: D,P NAME: NGUYEN, CHI H STREET ADDRESS: 5045 BALSAM DR CITY-ST-ZIP: LAND O' LAKES, FL 34639	<input type="checkbox"/> Delete		TITLE: D,P NAME: NGUYEN, CHI H STREET ADDRESS: 9121 Tollison Loop CITY-ST-ZIP: Land O' Lakes, FL 34638	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: NGUYEN, HUNG T STREET ADDRESS: 5045 BALSAM DR CITY-ST-ZIP: LAND O' LAKES, FL 34639	<input type="checkbox"/> Delete		TITLE: VP NAME: NGUYEN, HUNG T STREET ADDRESS: 9121 Tollison Loop CITY-ST-ZIP: Land O' Lakes, FL 34638	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 exemptions contained in Chapter 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: <u>Hung T. Nguyen VP.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/20/07</u>		Daytime Phone #: <u>813 735 5764</u>

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