## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Mar 30, 2005 08:00 Al ate

DOCUMENT # P03000118702  1. Entity Name THAI PHAM, INC.				Secretary of St	
Principal Place	e of Business F. N.	Mailing Address 3920 67 AVE N			
	ARK, FL 33781	PINELLAS PARK, FL 33781		,	
DO NOT WRITE IN THIS SPACE			CE	03232005	No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE			4. FEI Number Applied For 27-0072819 Not Applicable		
				5. Certificate	of Status Desired Sa.75 Additional Fee Required
6. Name and Address of Current Registered Agent					
PHAM, THAI 3920 67 AVE N PINELLAS PARK, FL 33781			DO NOT WRITE IN THIS SPACE		
				11.4	IIIIS 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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			ncing \$5.	00 May Be ed to Fees	
10.	OFFICERS AND DI	RECTORS			
MAME  "IREET ADDRESS  LITY ST ZIP	DP PHAM, THAI 3920 67 AVE N PINELLAS PARK, FL 33781				U00000280539 03/30/05-80017-024 150.00
MAME SIREET ADDRESS			}		•
CITY ST ZIP  HTCE  NAME					•
CITY-ST ZIP				DO	NOT WRITE
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HILL			1		
NAME STREET ADDRESS					į
CdY S1-ZIP					
DILE NAME					
CITY ST ZIP					

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:

SIGNATURE AND TITES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR