


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90018 014 ***150.00

| | | |
|--|--|---|
| DOCUMENT # P03000128483 | |  |
| 1. Entity Name N & M KITCHEN COUNTERTOP INC. | | |

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|---|---|
| Principal Place of Business 3227 OLD WINTER GARDEN ROAD ORLANDO, FL 32808 | Mailing Address 3227 OLD WINTER GARDEN ROAD ORLANDO, FL 32808 |
|---|---|

24078237

| | |
|---|---|
| 2. Principal Place of Business 3231 Old Winter Garden Rd. | 3. Mailing Address 3231 Old Winter Garden Rd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



07292004 Chg-P CR2E034 (10/03)

| | |
|---|---|
| City & State Orlando, Florida | City & State Orlando, Florida |
| Zip 32808 | Country USA |


| | |
|---------------|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
|---------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent AHLERS, MARK F 170 EAST WASHINGTON STREET ORLANDO, FL 32801 | |
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| | |
|--|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name Lien T. Nguyen | |
| Street Address (P.O. Box Number is Not Acceptable) 3231 Old Winter Garden Road | |
| City Orlando | FL Zip Code 32808 |

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 

July - 29 - 04
DATE

(NOTE: Registered Agent signature required when reinstating)

| | | | |
|---|---|------------------------------------|--|
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|---|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE PD NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | Lien T. Nguyen 3231 Old Winter Garden Road Orlando, Florida 32808 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE VD NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | Cong V. Mai 3231 Old Winter Garden Road Orlando, Florida 32808 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE STD NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | John Y. Hwang 3231 Old Winter Garden Road Orlando, Florida 32808 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE | <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 

7/29/04 (407) 333-7927
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR