## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 11, 2005 8:00 am Secretary of State 03-11-2005 90316 002 \*\*\*150.00 DOCUMENT # P03000128483 N & M KITCHEN COUNTERTOP INC. Principal Place of Business Mailing Address 3231 OLD WINTER GARDEN ROAD 3231 OLD WINTER GARDEN ROAD 50024999 ORLANDO, FL 32808 ORLANDO, FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042005 Chg-P CR2E034 (10/03) City & State 4. EEI Number Applied For City & State 20-1429187 Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NGUYEN, LIEN T Street Address (P.O. Box Number is Not Acceptable) 3231 OLD WINTER GARDEN ROAD ORLANDO, FL 32808 City Zio Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NGUYEN, LIEN T NAME STREET ADDRESS 3231 OLD WINTER GARDEN ROAD STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32808 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE MAI, CONG V NAME 3231 OLD WINTER GARDEN ROAD STREET ADDRESS STREET ADORESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP STD. · ☐ Addition TITLE ☐ Delete TITL F ب... ☐ Change HWANG, JOHN Y NAME NAME 3231 OLD WINTER GARDEN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32808 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 reports 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 frustee empowered to execute his 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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**