## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT **FILED** Apr 30, 2008 08:00 AM Secretary of State DOCUMENT # P03000139237 TRAN'S MANAGEMENT INC. Principal Place of Business Mailing Address 19243 DALE MABRY HWY N 4715 ASHTON CT LUTZ, FL 33548 US TAMPA, FL 33624 US 04272008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0426576 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRAN, CUONG DO NOT WRITE 4715 ASHTON CT TAMPA, FL 33624 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, typied 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. U00000935080 After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITE YU. FENG YEE NAME STREET ADDRESS 4821 FOXSHIRE CIR CITY - ST - 7IP TAMPA, FL 33624 TITLE TRAN, CUONG STREET ADDRESS 4715 ASHTON CT CITY-ST-ZIP TAMPA, FL 33624 TITLE STREET ADDRESS DO NOT WRITE CITY: ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

SIGNATURE:

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De OF SIGNING OFFICER OR DIRECTOR Daysme Prove #