


**2005.FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 14, 2005 08:00 AM
Secretary of State**

| | |
|--|---|
| DOCUMENT # P03000146681 1. Entity Name THANG TRAN TILE, INC. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 7822 SPRINGTIME LANE JACKSONVILLE, FL 32221 | Mailing Address 7822 SPRINGTIME LANE JACKSONVILLE, FL 32221 |
|---|---|

DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-0500665 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent TRAN, THANG 7822 SPRINGTIME LANE JACKSONVILLE, FL 32221 | DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD TRAN, THANG 7822 SPRINGTIME LANE JACKSONVILLE, FL 32221 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PHAM, LOAN 7822 SPRINGTIME LANE JACKSONVILLE, FL 32221 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

UN0000180736
01/14/05-80018-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE:  _____ **1-12-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #