


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000151461</b> 1. Entity Name HUNG THINH SUPER MARKET, INC.	
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Principal Place of Business 5964 NORMANDY BLVD JACKSONVILLE, FL 32205	Mailing Address 5964 NORMANDY BLVD JACKSONVILLE, FL 32205
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<b>DO NOT WRITE IN THIS SPACE</b>
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02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0460374	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  PHAN, VAN A 7563 ORTEGA BLUFF PARKWAY JACKSONVILLE, FL FL 32-244
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<b>DO NOT WRITE IN THIS SPACE</b>
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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: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PHAN, VAN A 7563 ORTEGA BLUFF PARKWAY JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TIFFANY, HOANG D 7563 ORTEGA BLUFF PARKWAY JACKSONVILLE, FL 32244
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<p>100000668552 03/27/07-80034-024 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_