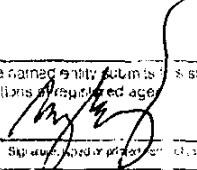
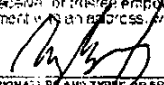


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90459 025 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000040664			
1. Entity Name V.N. ORLANDO, INC.			
Principal Place of Business 416 13 ST OAKLAND, CA 94612		Mailing Address 416 13 ST OAKLAND, CA 94612	
2. Principal Place of Business		3. Mailing Address Gainesville, FL 6015 NW 58th PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Gainesville FL	
Zip		Zip 32653	
Country		Country USA	
4. FEI Number 51-0502221		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04282005 Cng-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent VU, MARIE 6015 NW 58 PL GAINESVILLE, FL 32653		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip 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 		Marie T. Vu 04/28/05	
Signature of registered agent and filed application		NOTE: Registered Agent's signature required when name change.	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	NGUYEN, SANG T	NAME	
STREET ADDRESS	416 13 ST	STREET ADDRESS	
CITY- ST- ZIP	OAKLAND, CA 94612	CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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)(b), 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; I am an officer or director of the corporation or the registered person empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered.			
SIGNATURE: 		04/28/05 (352) 375-8442	
SIGNATURE OF ANY TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	