

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000059492**

1. Entity Name  
**MT INTERNATIONAL INC.**



Principal Place of Business  
**3110 E. CERVANTES STREET  
B  
PENSACOLA, FL 32503 US**

Mailing Address  
**PO BOX 30057  
PENSACOLA, FL 32503-1057 US**



01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **35-2236400** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**NGUYEN, XUAN N  
3125 HYDE PARK PLACE  
PENSACOLA, FL 32503**

**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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE **1-23-06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **NGUYEN, VAN T**  
STREET ADDRESS **3125 HYDE PARK PLACE**  
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **VP**  
NAME **NGUYEN, XUAN N**  
STREET ADDRESS **3125 HYDE PARK PLACE**  
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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02/02/06-80005-015 150.00**

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #