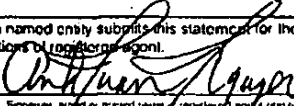


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 13, 2007 8:00 am
Secretary of State

04-19-2007 90214 050 ***158.75

DOCUMENT # P04000106035					
1. Entity Name ANH T NGUYEN VNV TILE, INC.					
Principal Place of Business 1529 SUMMIT OAKS DRIVE WEST JACKSONVILLE FL 32221 US			Mailing Address 1529 SUMMIT OAKS DRIVE WEST JACKSONVILLE FL 32221 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number AP-PLIED FOR	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NGUYEN, ANH T 1529 SUMMIT OAKS DRIVE WEST JACKSONVILLE FL 32221				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  Signature, printed or stamped name of registered agent or other officer or director (DO NOT type printed name directly on this form - use separate sheet)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	
NAME	P	NAME	NAME	NAME	NAME
STREET ADDRESS	NGUYEN, ANH T	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	1529 SUMMIT OAKS DRIVE WEST JACKSONVILLE FL 32221	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
NAME	S.T	NAME	NAME	NAME	NAME
STREET ADDRESS	NGUYEN, ANH T	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	1529 SUMMIT OAKS DRIVE WEST JACKSONVILLE FL 32221	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
NAME		NAME	NAME	NAME	NAME
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP		CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
NAME		NAME	NAME	NAME	NAME
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP		CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
NAME		NAME	NAME	NAME	NAME
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP		CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 partner or trustee empowered to execute this report as required by Chapter 507, 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: 				3/29/07 904 446-0163	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone	