

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-16-2006 90224 011 ***150.00

DOCUMENT # P04000154253 1. Entity Name SAIGON SUBS OF ORLANDO, INC.					
Principal Place of Business 1242 E COLONIAL DRIVE ORLANDO, FL 32803			Mailing Address 7860 BEAR CLAW RUN 1517 E HILLCREST STREET ORLANDO, FL 32803 32825		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1860849	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMALLEY & COMPANY, P.A. TC NGUYEN & COMPANY 1517 E HILLCREST STREET 7860 BEAR CLAW RUN ORLANDO, FL 32803 ORLANDO FL 32825				Name AMY NGUYEN Street Address (P.O. Box Number is Not Acceptable) 7860 BEAR CLAW RUN City ORLANDO FL Zip Code 32825	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NIEDHAMMER, KARL	NAME	AMY NGUYEN		
STREET ADDRESS	829 LOWELL BLVD #12 5525 Florence Harbor	STREET ADDRESS	7860 BEAR CLAW RUN		
CITY-ST-ZIP	ORLANDO, FL 32803 orlando, FL 32829	CITY-ST-ZIP	ORLANDO, FL 32825		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NIEDHAMMER, NHUNG	NAME	AMY NGUYEN		
STREET ADDRESS	829 LOWELL BLVD #12	STREET ADDRESS	7860 BEAR CLAW RUN		
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP	ORLANDO, FL 32825		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NGUYEN, LAI	NAME	AMY NGUYEN		
STREET ADDRESS	829 LOWELL BLVD #12 1152 PICKEREL CIR	STREET ADDRESS	7860 BEAR CLAW RUN		
CITY-ST-ZIP	ORLANDO, FL 32803 orlando, FL 32839	CITY-ST-ZIP	ORLANDO, FL 32825		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Nhung N Niedhammer		March 28-06 <small>Date Daytime Phone</small>			