2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

DOCUMENT # P05000066002 1. Entity Name TILE DUONG TRUONG, INC.									02-27-2006	90050 0:	l5 ***150	0.00
Principal Place of Business Mailing Address												
12955 PINE FORREST WAY WEST LARGO, FL 33773 LARGO, FL 33773								E 48814881 411	Shigh Burk State Ship Still St	. Abrib bulb ar		11 125 1 to 1 116 1
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01312006	Chg-P	CR2E0	34 (11/05)	
City & State				City & State			4. FEI Numbe		1	_ 	pplied For at Applicable	
Zip	Country			Zip Cou		ntry		5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent								7. Name and	Address of New R	egistered A	gent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.						Name Street Address (P.O. Box Number is Not Acceptable)						
4TH FLOOR MIAMI, FL 33145												
					City	FL Zip Code					e	
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												
O. Floring Compaign Figure in the Control of the Co												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.							Added	d to Fees				
10.	OFFICERS AND DIRECTORS 1							ADDITIONS/	CHANGES TO OFFI	CERS AND		\$ IN 11
TITLE NAME	PSTD Delete TI					- I					☐ Change	Addition
STREET ADDRESS	·					EET ADDRESS						
CITY-ST-ZIP	LARGO, F	'-ST-ZIP										
TITLE	D Delete ITILE										Change	☐ Addition
NAME STREET ADDRESS	LUONG, MUOI NAM PRESS 12955 PINE FORREST WAY WEST STRE											
CITY-ST-ZIP-							_					l
TITLE				☐ Delete	TITL	E		<u> </u>			Change	☐ Addition
NAME					NAM							
STREET ADDRESS CITY-ST-ZIP				4		eet address /-st-zip						
TITLE				☐ Defete	TITL						Change	☐ Addition
NAME					NAM	- 1						
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP		11.11.11			-	/-ST-ZIP						
TITLE NAME				☐ Delete	TITL	l l					☐ Change	☐ Addition
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE				☐ Delete	TITL	I					☐ Change	☐ Addition
NAME STREET ADDRESS					NAA STR	AE Eet address						
CITY-ST-ZIP						r-ST-ZIP						
12. I hereby	certify that the	e information supplied rt or supplemental repo	with this f	ling does not qualify for	or the ex	emptions contai	ined i	in Chapter 119	, Florida Statutes. I	further cert	ify that the ir	nformation
of the co	rporation or th	ne receiver or trustee e achment with an addre	mpowere	d to execute this repor	l as requ	ired by Chapter	607,	Florida Statute	s; and that my name	appears ir	1 Block 10 or	Block 11 if