2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2008 8:00 am Secretary of State

04-04-2008 90020 045 ***150.00

DOCUMI	ENT#	P0500	001	0027	73
--------	------	-------	-----	------	----

1. Entity Name
TAM VAN SALON, INC



Principal Place of Business

11380 BEACH BLVD STE 16 JACKSONVILLE, FL 32246 Mailing Address

11380 BEACH BLVD STE 16 JACKSONVILLE, FL 32246 40058930



DO NOT WRITE IN THIS SPACE

03152008 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For
20-3171988		Not Applicable
5. Certificate of Status Desired	\$8.7	5 Additional

6. Name and Address of Current Registered Agent

NGUYEN, TAM 11380 BEACH BLVD STE 16 JACKSONVILLE, FL 32246

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE							
	Signature, typed or printed name of registered agent and title i	l applicable. (NOTE: Registered	Agent signature	required when reinstating)	,	DATE	* :
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing —	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	AFOLIT.	THE TOTAL TOTAL	3-4-1114x F		
TITLE_ NAME STREET ADDRESS CITY-ST-ZIP	P NGUYEN, TAM 4824 GLIDING HAWK WAY JACKSONVILLE, FL 32217						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NGUYEN, VAN T 4824 GLIDING HAWK WAY JACKSONVILLE, FL 32217					And A Series	**************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT V	WRITE	
NAME STREET ADDRESS CITY-ST-ZIP					THIS S		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1125			

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08 904-928-207
Date Daysime Phone #