

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000130744

1. Entity Name
H EMPORIUM, INC.



FILED

06 JUL 10 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8730 49TH ST N
PINELLAS PARK, FL 33782

Mailing Address
8730 49TH ST N
PINELLAS PARK, FL 33782

2. Principal Place of Business
8730 49th ST N

3. Mailing Address
8730 49th ST N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4

4

City & State

City & State

Pinellas Park FL

Pinellas Park, FL

Zip

Country

Zip

Country

33782

Pinellas

33782

Pinella S

07072006 Chg-P CR2E034 (11/05)

4. FEI Number

20-3536710

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NGUYEN, HIEU
8730 49TH ST N
PINELLAS PARK, FL 33782

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, typed or printed name of registered agent and state if applicable.

Tuan Nguyen

(NOTE: Registered Agent signature required when reinstating)

07-8-06

DATE

Amended AR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
NGUYEN, HIEU
8730 49TH ST N
PINELLAS PARK, FL 33782 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
NGUYEN, HUE
8730 49TH ST N
PINELLAS PARK, FL 33782 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
NGUYEN TUAN
8730 49TH ST N # 4
PINELLAS PARK, FL 33782 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400077536154
07/14/06--01052--007 **\$61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JC 7/12 ☐ Change ☐ Addition

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

07/08/06 727-385-8368

Date

Daytime Phone #