


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

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02-20-2007 90050 036 ***150.00

DOCUMENT # P06000133411 1. Entity Name SAIGON CAFE OF PENSACOLA, INC.					
Principal Place of Business 119 E NINE MILE RD PENSACOLA, FL 32534			Mailing Address 119 E NINE MILE RD PENSACOLA, FL 32534		
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 20-5740952	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUA, MICHAEL M 1070 PALISADES RD PENSACOLA, FL 32504			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 _____ (NOTE: Registered Agent signature required when translating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PS HUA, MICHAEL M 119 E NINE MILE RD PENSACOLA, FL 32534	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HUYNH, PHA 119 E NINE MILE RD PENSACOLA, FL 32534	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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4. FEI Number
20-5740952

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

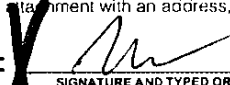
10. OFFICERS AND DIRECTORS

TITLE	NAME	Delete
NAME	HUA, MICHAEL M	<input type="checkbox"/>
STREET ADDRESS	119 E NINE MILE RD	
CITY-ST-ZIP	PENSACOLA, FL 32534	
TITLE	NAME	Delete
NAME	VPT	<input type="checkbox"/>
STREET ADDRESS	HUYNH, PHA	
CITY-ST-ZIP	119 E NINE MILE RD	
TITLE	NAME	Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	Change Addition
NAME	VP, S	<input checked="" type="checkbox"/> <input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	Change Addition
NAME	P, T	<input checked="" type="checkbox"/> <input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	Change Addition
NAME		<input type="checkbox"/> <input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	Change Addition
NAME		<input type="checkbox"/> <input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	Change Addition
NAME		<input type="checkbox"/> <input type="checkbox"/>
STREET ADDRESS		
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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

02/15/2007

Date

Daytime Phone #