
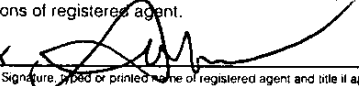
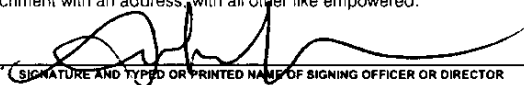


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90032 044 ***158.75

DOCUMENT # P07000010989					
1. Entity Name THO & TRANG INC					
Principal Place of Business 4260 N STATE ROAD 7 LAUDERDALE LAKES, FL 33319			Mailing Address 4260 N STATE ROAD 7 LAUDERDALE LAKES, FL 33319		
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 80-0170007	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LY, THO 5904 NW 54TH CIRCLE CORAL SPRINGS, FL 33067				Name ALLYSA THOA NGO	
				Street Address (P.O. Box Number is Not Acceptable) 6410 KIMBERLY BLVD	
				City FORT LAUDERDALE	
				State FL	
				Zip Code 33068	
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:  ALLYSA THOA NGO 4/1/08					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	NAME LY, THO		TITLE PRESIDENT	NAME ALLYSA THOA NGO	
STREET ADDRESS 5904 NW 54TH CIRCLE	CITY-ST-ZIP CORAL SPRINGS, FL 33067		STREET ADDRESS 6410 KIMBERLY BLVD	CITY-ST-ZIP FORT LAUDERDALE FL 33068	
TITLE D	NAME TO, TRANG		TITLE SECRETARY	NAME LY, THO	
STREET ADDRESS 5904 NW 54TH CIRCLE	CITY-ST-ZIP CORAL SPRINGS, FL 33067		STREET ADDRESS 5904 NW 54TH CIRCLE	CITY-ST-ZIP CORAL SPRINGS FL 33067	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	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:  4/1/08					
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)					