


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000065308**  
 1. Entity Name  
 HO AN CORP.



Principal Place of Business  
 10704 US 19  
 PORT RICHEY, FL 34668

Mailing Address  
 9804 COMPASS PT WAY  
 TAMPA, FL 33615

**DO NOT WRITE IN THIS SPACE**



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3207584**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 ALTENHOFF, NORMAN R  
 1320 PLEASANT WAY SOUTH  
 SAINT PETERSBURG, FL 33705

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

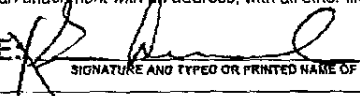
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	QUACH, BANG
STREET ADDRESS	10704 US 19
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D
NAME	QUACH, LAN
STREET ADDRESS	10704 US 19
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D
NAME	QUACH, HUNG
STREET ADDRESS	10704 US 19
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D
NAME	QUACH, TRAN
STREET ADDRESS	10704 US 19
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 3/30/06 00079-024 150.00

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:  DATE: **3/30/06** DAYTIME PHONE #: **813-855-3434**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR