


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000003029</b> 1. Entity Name <b>AMERICAN SILK FLOWERS, INC.</b>	
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Principal Place of Business <b>6463 W HILLSBOROUGH TAMPA, FL 33634 US</b>	Mailing Address <b>6463 W HILLSBOROUGH TAMPA, FL 33634 US</b>
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**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3289085</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**NGUYEN, THI XUAN  
10202 BAY BREEZE CT  
TAMPA, FL 33615**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>1100000200725 01/28/05-80042-005 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NGUYEN, THI XUAN 10202 BAY BREEZE COURT TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TRUONG, JUNE NHUNG 10202 BAY BREEZE CT TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NGUYEN, TUANH 10202 BAY BREEZE CT. TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NGUYEN, ANN THUC 10202 BAY BREEZE CT. TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV NGUYEN, ANH DUY 10202 BAY BREEZE CT. TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thi Xuan Nguyen **01/25/05 (813) 249-7137**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #