2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				FILED
DOCUMENT # P9500008308 1. Entity Name				Feb 23, 2004 08:00 AM Secretary of State
	Ö VU, M.D., PA			Secretary of State
Principal Plac	e of Business	Mailing Address	***************************************	
1713 W. OAK RIDGE ROAD ORLANDO FL 32809		1713 W. OAK RIDGE RO ORLANDO FL 32809	DAD	T 1881 1881 1881 1882 1883 1883 1883 1884 1885 1885 1885 1885 1885 1885 1885 1885
Principal Place of Business 3. Mailing Address				
Suite, Apt #, etc.		Suite, Apt #. etc		MOORE CR2E034 (11/03)
City & Stat		City & State	Country	4. FEI Number 59-3288231 Applied For Not Applicable
Zip	Country		Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent
171	MAI-HUONG 3 W. OAK RIDGE ROAD ANDO FL 32809		Street Addre	ess (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 fille if applicable. (NOTE, Registered Agent signature required when reinstauring) OATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Electron Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADORESS CITY-ST-ZIP	VU, QUY NGOC M.D. 1713 W. OAK RIDGE ROAD ORLANDO FL 32809		NAME STREET ADDRESS CITY-ST-ZIP	U00000061295 02/23/04-80074-020 150.00
nite	VP	☐ Delete	TIRE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	MAI HUONG T LE 1713 W OAK RIDGE RD ORLANDO FL 32809		NAME Street Address City-St-Zip	
TITLE	T VII DUILON	☐ Delete	TITLE NAME	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	VU, PHUC N 1713 W. OAK RIDGE RD. ORLANDO FL 32809		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	S VU, EDWARD	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	1713 W. OAK RIDGE RD ORLANDO FL 32809	·	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS GITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	Ę.	Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-S1-ZIP		·	STREET AODRESS CITY-ST-ZIP	
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: MAI WONG & VP 2/19/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Prope #				
	SIGNATURE AND TYPED OF	FAMILED HAME OF SIGNING OFFICER O	n vineu i Uff	Date Daytine Prione #