2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2007 8:00 am Secretary of State

DOCUMENT # P95000033683 1. Entity Name N & M PHAM, INCORPORATED							07 90191 023 ***	
Principal Plac	e of Business	Mailing Address			- A O	012830	l	
382 E MICHIGAN		382 E MICHIGAN		•	. 40	1000210		
ORLANDO, FL 32806		ORLANDO, FL 32806						
		T =						
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address					### ##################################	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062007	Cha D	CB3E034 (12/06	1	
				04062007	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Numbe		⊢	Applied For
Zip Country		Zip Country		tru	59-331	5331		Not Applicable
Zip		Zip	Zip Country		5. Certificate	of Status Desired	□ \$8.75 A Fee Requi	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Agent	
				Name				
PHAM, NHU 429 E. MICHIGAN ST., STE. B			Street Address (P.O. Box Number is Not Acceptable)					
), FL 32806							
				City			FL Zip Co	ode
8. The above	named entity submits this statement for	or the purpose of changing its	renistere	l ed office or regist	tered anent or bot	h in the State of F		n and accept
the obligat	ions of registered agent.	or the perpose of ortaligning the	rugiotore	od omog or rogio	toroo agant, or con	i, in the oldie of t	TOTICAL TATTICAL AND THE	i, and accept
CICNATURE								
SIGNATURE_	Signature, typed or printed name of registered agen	Land title if applicable. (NOTE	E: Registered	d Agent signature requi	ired when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				ncing \$	5.00 May Be dded to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTO	RS IN 11
TITLE	PD	☐ Delete TITLI					☐ Change	
NAME	PHAM, NHU	HAM, NHU NAM		E				
STREET ADDRESS	1		STRE	ET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32806		CITY	-ST-ZIP				
TITLE			TITLE	1			☐ Change	Addition
NAME			NAM	1				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP				
	<u></u>		_	——— ———			5	
TIILE NAME		☐ Delete	TITLE	I			Change	Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4	-ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAMI	I				
STREET ADDRESS			STRE	ET ADORESS				
CITY-ST-ZIP			CITY	-ST-ZIP		118		
TITLE			TITLE	1			☐ Change	☐ Addition
NAME	NAM CTO		- 1					
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS					
				-ST-ZIP				
TITLE NAME		☐ Delete	TITLE	1			☐ Change	Addition
STREET ADDRESS			NAMI STRE	ET ADDRES\$				
CITY-ST-ZIP				-ST-ZIP				
	I	h this filing done not qualify to			and in Chapter 110	Clorido Statutas	I further codify that the	information

12. Thereby certify that the information supplied with this filling 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: (Y

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-20-7

Date

Daytime Phone #