

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90040 044 ***158.75

DOCUMENT # P95000073228

1. Entity Name

T AND L CORPORATION OF LAUDERDALE LAKES



Principal Place of Business

4301 ST RD 7
LAUDERDALE LAKES FL 33319

Mailing Address

4301 ST RD 7
LAUDERDALE LAKES FL 33319



2. Principal Place of Business - No P.O. Box #

SAIGON CITY REST
Suite, Apt. #, etc.
4301 N ST RD 7

3. Mailing Address

4301 ST RD 7
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

lauderdale lakes
Zip 33319 Country Florida

City & State

lauderdale lakes
Zip 33319 Country FL

4. FEI Number 65-0613052

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (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 title if applicable

(If not Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P vice ☐ Delete
NAME THANH-PHUONG, PHAM W
STREET ADDRESS 4325 N.W. 53RD STREET
CITY ST-ZIP FORT LAUDERDALE FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☒ Addition
NAME LAM PHAM
STREET ADDRESS 4325 N.W. 53 street
CITY ST-ZIP FORT lauderdale FL 33319

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY ST-ZIP

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TITLE ☐ Change ☐ Addition
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Signature: *[Signature]* President owner 1-18-2007 954 731-6488