

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90158 005 ***150.00

DOCUMENT # P96000068160

1. Entity Name
TRAN HA, INC.



Principal Place of Business
31541 US HIGHWAY 19 SOUTH
PALM HARBOR, FL 34684

Mailing Address
S HIGHWAY 19 SOUTH
PALM HARBOR, FL 34684

40059072



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3412848

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAN, MINH C
31541 US HIGHWAY 19 SOUTH
PALM HARBOR, FL 34684

Name
KIET TUAN LUU

Street Address (P.O. Box Number is Not Acceptable)

11312 POCKET BROOK DR

City

TAMPA

FL

Zip Code

33635

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
TRAN, KIEM VU
31541 US HIGHWAY 19 SOUTH
PALM HARBOR, FL 34684 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
LUU, KIET TUAN
11312 POCKET BROOK DR
TAMPA, FL 33635 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
TRAN, MINH C
31541 US HIGHWAY 19 SOUTH
PALM HARBOR, FL 34684 ☐ Delete

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

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☐ Change ☐ Addition

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:

[Signature]

KIET TUAN LUU

4.10.07

(813)

361-0527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #