2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 22, 2004 8:00 am
Secretary of State
01-22-2004 90001 009 ***158.75

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1. Entity Name
NGUYEN'S MISS SAIGON BISTRO CORPORATION

Principal Place of Business	Mailing Address
148 GIRALDA AVENUE CORAL GABLES, FL 33134	148 GIRALDA AVENUE CORAL GABLES, FL 33134 P.O. Box 5518 Miami, FL 33156

24003212

01132004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0806755
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NGOC-NGUYEN, HALI
148 GIRALDA AVE.
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NGUYEN-GARCIA, MIMI
STREET ADDRESS	PO BOX 5518
CITY-ST-ZIP	MIAMI, FL 33256
TITLE	PD
NAME	NGUYEN-NGOC, HALI
STREET ADDRESS	PO BOX 5518
CITY-ST-ZIP	MIAMI, FL 33256
TITLE	SD
NAME	NGUYEN-NGOC, PHUOC
STREET ADDRESS	PO BOX 5518
CITY-ST-ZIP	MIAMI, FL 33256
TITLE	D
NAME	NGUYEN-NGOC, HIEU
STREET ADDRESS	PO BOX 5518
CITY-ST-ZIP	MIAMI, FL 33256
TITLE	D
NAME	NGUYEN-NGOC, DUNG
STREET ADDRESS	PO BOX 5518
CITY-ST-ZIP	MIAMI, FL 33256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/10/04 (305) 926-9140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #