

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000102318

1. Entity Name
NGUYEN'S MISS SAIGON BISTRO CORPORATION



Principal Place of Business
**148 GIRALDA AVENUE
CORAL GABLES, FL 33134**

Mailing Address
**PO BOX 5518
MIAMI, FL 33156**



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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, DUNG
STREET ADDRESS	PO BOX 5518
CITY-ST-ZIP	MIAMI, FL 33256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____