

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90235 038 ***150.00

DOCUMENT # P99000096580

1. Entity Name
AB ORIENTAL MARKET, INC.



Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004

Chg-P

CR2E034 (10/03)

4. FEI Number

26-7837551

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

~~NGUYEN, DONG V~~
1749 N MILITARY TRAIL #B
WEST PALM BEACH, FL 33409

Name **LIHN MAI**

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

1749 N. MILITARY TRAIL #B

WEST PALM

City **WEST PALM BEACH**

FL

Zip Code **33409**

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

LIHN MAI

4/26/04

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 **LIHN NGUYEN, DONG** ☒ Delete
STREET ADDRESS **4557 MYLA LANE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **PRESIDENT/DIRECTOR** ☒ Change ☒ Addition
NAME **LIHN MAI**
STREET ADDRESS **1749 N. MILITARY TRAIL #B**
CITY-ST-ZIP **WEST PALM BEACH, FLORIDA 33409**

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIHN MAI

Date

Daytime Phone #

4/26/04

561-686-3655