

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90207 013 \*\*\*150.00

**DOCUMENT # S31651**

1. Entity Name  
SEW & TELL, INCORPORATED



Principal Place of Business

1757 WEST BROADWAY  
SUITE #2  
OVIEDO, FL 32765

Mailing Address

1757 WEST BROADWAY  
SUITE #2  
OVIEDO, FL 32765

20008964



03292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0243305

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HUYNH, ONE DAO  
2937 AMROTH PLACE  
CASSELBERRY, FL 32707

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HUYNH, ONE DAO
STREET ADDRESS	2937 AMROTH PL
CITY - ST - ZIP	CASSELBERRY, FL
TITLE	STD
NAME	HUYNH, CANG T
STREET ADDRESS	2937 AMROTH PL
CITY - ST - ZIP	CASSELBERRY, FL
TITLE	<del>DIRECTOR</del>
NAME	HUYNH, CUONG QUOC
STREET ADDRESS	14107 COLONIAL SPRINGS WAY
CITY - ST - ZIP	ORLANDO FL 32826
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 #

4-11-07 407-366 7730