FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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V41291

DOCUMENT # 1. Corporation Name

VANG RESTAURANT, INC.

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Principal Place	e of Business	Ма	iling Address		••		r inter millie grade indet mara in	181 1191 91811 8	1811 W1861 P1	Alt AIBII EIBII IABr		
SUITE 13-	N JOSE BLVD 14 VILLE FL 32223		11700 SAN JOSE B SUITE 13-14 JACKSONVILLE FL									
JACKOUNI	WILLE PE SZZZS		JACKSONVIECE TE	JEEEJ			3. Date Incorporated or Qualified 06/04/1992	3a. Date	of Last R)4/12/1			
 Principal Pl 	lace of Business	2a. 26	Mailing Address				4. FEI Number 59-3128455	Applied For Not Applicable				
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State	е	28	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Ζιρ 24	Country 25	29	Zip	30 Cour	ntry		 This corporation has liability for Florida Statutes 	ntangible ta No	x under s	199.032,		
	9. Name and Address of Cui		ered Agent				10. Name and Address of New R	egistered /	Agent			
					81	Name						
	SON, MARY A HARTLEY RD #204			ļ	B2	Street Addr	ess (P.O. Box Number is Not Acceptab	le)				
	SONVILLE FL 32257				В3							
					84	City		FL	85 Z	p Code		
or register	to the provisions of Sections 607.0 red agent, or both, in the State of F ith, and accept the obligations of, S	lorida. Such	change was authorize	ed by the c	ve-n	named corpor oration's boar	ration submits this statement for the pur rd of directors. I hereby accept the app	pose of cha pintment as	nging its registered	registered office I agent. I am		
SIGNATURE	Signature typed or printed name of registered			OIS Dogotecad	Agan	t claration end of	d when reinstating)	DA1E .				
12.		AND DIREC		13.	nyc i	i. squa ire tolkue	ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12		
TITLE	P		DELETE	1. 1 Ti	TLE				Change	☐ Addition		
NAME	VAN VANGNGUYEN, JEA	AN M.		1.2 N/	ME	1						
STREET ADDRESS	2650 EASTHILL DR			1.3 ST	REET	ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CI	TY-S	t-ZiP						
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certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or or an attachment with an address.

GNATURE:

SIGNATURE AND TYPEO OF PRIMED NAME OF SIGNING OFFICER OF DIRECTOR

Date Phone Proce #

SIGNATURE: __