


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90299 019 \*\*\*150.00

<b>DOCUMENT # L02165</b>	
1. Entity Name TRUONG QUACH, INC.	

Principal Place of Business % BANG QUACH 10454 66 ST N PINELLAS PARK, FL 34666-2308	Mailing Address % BANG QUACH 10454 66 ST N PINELLAS PARK, FL 34666-2308
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00042215



03162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2957897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

QUACH, BANG  
10454 66 ST N  
PINELLAS PARK, FL 33565

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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD QUACH, BANG 10454 66 ST N PINELLAS PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LY, DIEP 10454 66 ST N PINELLAS PARK, FL Deleted
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LING QUACH 10454 66 St. N. Pinellas Park, FL ADD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: X *Bang Quach* President Date 4-16-05 Daytime Phone # 727-544-4656