2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 14, 2005 08:00 AM DOCUMENT # G11101 Secretary of State K & W RESTAURANT CORP. Principal Place of Business Mailing Address 2250 NE 163 ST 2250 NE 163 ST NORTH MIAMI BCH, FL 33160 NORTH MIAMI BCH, FL 33160 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01062005 Chg-P Applied For City & State 4. FEI Number City & State 59-2264996 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSSMETESS, KHRUAWAN Street Address (P.O. Box Number is Not Acceptable) 2250 NE 163RD ST. NO. MIAMI BCH, FL 33160 Çity Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and this if applicable. 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change DP TITLE DTLE ☐ Delete RUSSMETES, KHRUAWAN NAME NAME U00000181562 STREET ADDRESS 2250 N.E. 163RD STREET STREET ADDRESS 01/18/05-80002-021 150.00 CITY-ST-ZIP N. MIAMI BEACH, FL CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NANAKORNPRANOM, SUTTINEE NAME NAME STREET ADDRESS STREET ADDRESS 1012 NE 204TH LANE CITY-ST-ZIP MIAMI, FL 33179 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS City-St-7P CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 fly name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TICER OR DIRECTOR

SIGNATURE: _

1207

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