

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90220 028 ***150.00

DOCUMENT # P03000051752					
1. Entity Name SUSHI YAMA SIAM, INC.					
Principal Place of Business 23009 SOUTH STATE ROAD 7 BOCA RATON, FL 33428			Mailing Address 23009 SOUTH STATE ROAD 7 BOCA RATON, FL 33428		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-2669306	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PHAM, HANH 10435 BOCA SPRINGS DRIVE BOCA RATON, FL 33428			Name <u>LOME INTHAPANYA</u> Street Address (P.O. Box Number is Not Acceptable) <u>99 NW 44TH TERRACE</u> City <u>DEERFIELD BEACH</u> FL Zip Code <u>33442</u>		
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 <u>LOME INTHAPANYA</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>					DATE <u>4.22.06</u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DPS NAME PHAM, HANH STREET ADDRESS 10435 BOCA SPRINGS DRIVE CITY-ST-ZIP BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete		TITLE DP NAME LOME INTHAPANYA STREET ADDRESS 99 NW 44TH TERRACE CITY-ST-ZIP DEERFIELD BEACH FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DV NAME SANGSIDA, NIVANH JESSICA STREET ADDRESS 23009 S. STATE ROAD 7 CITY-ST-ZIP BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME KHOUNTHAVONG, MANISOUNE STREET ADDRESS 23009 S. STATE ROAD 7 CITY-ST-ZIP BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: LOMEINTHAPANYA			DATE <u>4.22.06</u> (561) 477 7372		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		