


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90157 018 ***150.00

DOCUMENT # P96000042298					
1. Entity Name CHAO THAI CORP.					
Principal Place of Business 4610 N. FEDERAL HWY. LIGHTHOUSE POINT, FL 33064			Mailing Address 4610 N. FEDERAL HWY. LIGHTHOUSE POINT, FL 33064		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0669148	
Zip		Country		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		
SUWANPIBOON, VINAI 4610 N FEDERAL HWY. LIGHTHOUSE POINT, FL 33064			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS	<input type="checkbox"/> Delete	TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUWANPIBOON, VINAI		NAME	SUWANPIBOON, VINAI	
STREET ADDRESS	2062 SW 15TH PLACE		STREET ADDRESS	4130 NE 22 Terrace	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUWANPIBON, URIWAN		NAME	SUWANPIBOON, URAIWAN	
STREET ADDRESS	2062 SW 15TH PLACE		STREET ADDRESS	4130 NE 22 Terrace	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	Lighthouse Point FL 33064	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CHEYSANGTEM, KORNIKANOK	
STREET ADDRESS			STREET ADDRESS	4130 NE 22 Terrace	
CITY-ST-ZIP			CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 lines empowered.					
SIGNATURE: X <i>E. Sunny</i>			Date: 3/3/06		Daytime Phone #: 954-796-1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #