


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000004427

1. Entity Name
 MULBERRY THAI SILKS, INC.



Principal Place of Business 1002 SECOND STREET SAN RAFAEL, CA 94901	Mailing Address 1002 SECOND STREET SAN RAFAEL, CA 94901
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DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number 68-0187492	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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, 2004 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	PSD SMITH, CATHERINE D 86 CULLODEN PARK ROAD SAN RAFAEL, CA 94901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JACOBSON, HENRY 189 LAGUNITAS ROAD ROSS, CA 94957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JACOBSON, HENRY 189 LAGUNITAS ROAD ROSS, CA 94957
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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: Catherine D Smith Date: 8/26/04 Daytime Phone #: 415-457-1577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR