



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # K38233 1. Entity Name SIAM TULIP RESTAURANT, INC.	
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Principal Place of Business SIAM TULIP RESTAURANT 1905 E. FLETCHER AVENUE TAMPA, FL 33612	Mailing Address SIAM TULIP RESTAURANT 1905 E. FLETCHER AVENUE TAMPA, FL 33612
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DO NOT WRITE IN THIS SPACE

	
01032007 No Chg-P	CR2E034 (11/05)
4. FEI Number 59-2912884	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 WIRGES & MEEKER CPA'S, L.C. 1346 W FLETCHER AVENUE TAMPA, FL 33612

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000588870 01/17/07-80090-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATHOMKASIKUL, KUNCHIT 17716 NATHAN DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATHOMKASIKUL, RADKLAO 17716 NATHAN DR TAMPA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Kunchit Pathomkasikul</i> (KUNCHIT PATHOMKASIKUL 1/11/07 (813)977-9065	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #