

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K38233

Entity Name: SIAM TULIP RESTAURANT, INC.

FILED
Oct 31, 2007
Secretary of State

Current Principal Place of Business:

SIAM TULIP RESTAURANT
1905 E. FLETCHER AVENUE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

SIAM TULIP RESTAURANT
1905 E. FLETCHER AVENUE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-2912884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIRGES & MEEKER CPA'S, L.C.
1346 W FLETCHER AVENUE
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PATHOMKASIKUL, KUNCH, IT
Address: 17716 NATHAN DR
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: PATHOMKASIKUL, RADKLAO
Address: 17716 NATHAN DR
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: KOCHASUNTORN, KACHEN
Address: 120 EUCLID AVENUE
City-St-Zip: SEFFNER, FL 33584

Title: VPSD (X) Change () Addition
Name: KOCHASUNTORN, CHANPHEN
Address: 120 EUCLID AVENUE
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KACHEN KOCHASUNTORN

P

10/31/2007

Electronic Signature of Signing Officer or Director

Date