

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K74185

Entity Name: THAI THAI, INC.

FILED  
Apr 30, 2006  
Secretary of State

## Current Principal Place of Business:

1861 N. PINE ISLAND RD.  
PLANTATION, FL 33322

## New Principal Place of Business:

## Current Mailing Address:

1861 N. PINE ISLAND RD.  
PLANTATION, FL 33322

## New Mailing Address:

FEI Number: 65-0107764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YOMCHINDA, SUCHADA  
1861 N. PINE ISLAND RD.  
PLANTATION, FL 33322 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete  
Name: YOMCHINDA, SUCHADA,  
Address: 1863 NORTH PINE ISLAND  
City-St-Zip: FORT LAUDERDALE, FL 33322

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: YOMCHINDA, SUCHADA,  
Address: 1861 NORTH PINE ISLAND RD  
City-St-Zip: PLANTATION, FL 33322

Title: AT ( ) Change (X) Addition  
Name: POPLOWITZ, NORMAN  
Address: 1861 NORTH PINE ISLAND RD  
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the 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: NORMAN POPLOWITZ

AT

04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date