

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # M97474	
1. Entity Name JASMINE THAI & CHINESE RESTAURANT, INC.	

Principal Place of Business 5103 COCONUT CREEK PARKWAY MARGATE, FL 33063-3916 US	Mailing Address 5103 COCONUT CREEK PARKWAY MARGATE, FL 33063-3916 US
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DO NOT WRITE IN THIS SPACE



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0073556	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HONGNOPKHUN, PREECHA 5279 COCONUT CREEK PARKWAY MARGATE, FL	DO NOT WRITE IN THIS SPACE
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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.

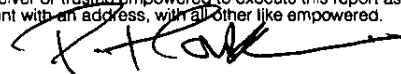
SIGNATURE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE: _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000841572 03/10/08-80023-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HONGNOPKHUN, PREECHA 5279 COCONUT CREEK PKWY MARGATE, FL
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**DO NOT WRITE
IN THIS SPACE**

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: 	2/15/08 9/9795530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #