

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000004033

Entity Name: MOON THAI & JAPANESE, INC.

FILED  
Apr 20, 2007  
Secretary of State

## Current Principal Place of Business:

9637 WEST VIEW DR  
CORAL SPRINGS, FL 33076

## New Principal Place of Business:

## Current Mailing Address:

5901 MARIPOSA CT.  
CORAL GABLES, FL 33146

## New Mailing Address:

FEI Number: 65-1017335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PUNMA, SOMKID  
5901 MARIPOSA CT.  
CORAL GABLES, FL 33146 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: PST ( ) Delete  
Name: PUNMA, SOMKID  
Address: 5901 MARIPOSA CT.  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP ( ) Delete  
Name: SIRION, JITANON B  
Address: 2585 NW 79 AVE  
City-St-Zip: MARGATE, FL 33063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SOMKID PUNMA

PD

04/20/2007

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

\_\_\_\_\_  
Date