

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90373 049 ***150.00

DOCUMENT # P00000040674

1. Entity Name
SIAM BAYSHORE II, INC. ✓



Principal Place of Business
**7510 BEACH VIEW DR
NORTH BAY VILLAGE, FL 33141** ✓

Mailing Address
**7510 BEACH VIEW DR
NORTH BAY VILLAGE, FL 33141** ✓

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



01272005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1005154

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NETHONGKOME, YONGYUTH
1260 NE 97TH ST
MIAMI SHORES, FL 33138** X

7. Name and Address of New Registered Agent
Name **NETHONGKOME, YONGYUTH**
Street Address (P.O. Box Number is Not Acceptable)
17510 BEACH VIEW DRIVE
City **NORTH BAY VILLAGE FL** Zip Code **33141**

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]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NETHONGKOME, YONGYUTH 1260 NE 97TH ST MIAMI SHORES, FL 33138 X <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NETHONGKOME, YONGYUTH 17510 BEACH VIEW DRIVE NORTH BAY VILLAGE, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KNATTONGCOME, SIRIPHAN 1260 NE 97 ST MIAMI SHORES, FL 33138 X <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KNATTONGCOME, SIRIPHAN 17510 BEACH VIEW DRIVE NORTH BAY VILLAGE, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **01/28/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #