

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000067136

**Entity Name:** THEP THAI RESTAURANT, INC.

**FILED**  
**Oct 10, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2434 SE FEDERAL HIGHWAY  
STUART, FL 34994 US

**New Principal Place of Business:**

**Current Mailing Address:**

2434 SE FEDERAL HIGHWAY  
STUART, FL 34994 US

**New Mailing Address:**

**FEI Number:** 65-1026539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASSEY, SAVITEE  
2434 SE FEDERAL HIGHWAY  
JUPITER, FL 33458 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: MASSEY, SAVITEE  
Address: 2434 SE FEDERAL HIGHWAY  
City-St-Zip: STUART, FL 34994 US

Title: O (X) Delete  
Name: TUEDIC, NIRUN  
Address: 5528 SE PINE AVE  
City-St-Zip: STUART, FL 34997 US

**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 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:** SAVITEE MASSEY

D

10/10/2007

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

\_\_\_\_\_  
Date