## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Mar 10, 2004 8:00 am Secretary of State 03-10-2004 90015 024 \*\*\*150.00

Country   Zip   Country   Sp. 275, 28, 75, Additional - Feb Required   Sp. 275, 75, 75, 75, 75, 75, 75, 75, 75, 75,	1. Entity Nam	MENT # PUUUUTU HAI CORPORATION	2309			)	03-10-2004 9	.0015 02-	1 130	.00
Suite. Apt. #, etc.  City & State  City & St	3341 N FEDI	ERAL HWY	261 N.W. 16TH STREE	261 N.W. 16TH STREET					5401	6577
City & State  Ci	2. Principal P	lace of Business	3. Mailing Address							
Secondary   Signature   Secondary   Signature   Secondary   Seco	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03012004	Chg-P	CR2E03	34 (10/03)		
Country   Country   Country   S. Certificate of Status, Desired   \$8.75 Acontional   \$6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent	City & State	e	City & State					Applied For Not Applicable		
6. Name and Address of Current Registered Agent    Nat WEERAWAT   TANTTPORN	Zíp	Country	Zip	Country		1			\$8.75 Add	itional _
Street Address (P.O. Box Number is Not Acceptable) 177.0 N.E. 43 Street  CityOakland Park  8. The above named enthy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent.  SIGNATURE  SIGNATURE  Signature, typed or private of logicianal agent and tile 4 specification.  PILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  ITILE  INME  BOONYAVAIROJ, SATHIT  SIRET ADDRESS  CITY-S1-2P  OAKLAND PARK, FL 33306  ITILE  DV  OAKLAND PARK, FL 33306  ITILE  DV  OAKLAND PARK, FL 333150  ITILE  DV  OAKLAND PARK, FL 333150  ITILE  DV  OAKLAND PARK, FL 333150  ITILE  MAME  SIRET ADDRESS  CITY-S1-2P  TILE  MAME  SIRET ADDRESS  CITY-S1-2P  TILE  OBelde  ITILE  OBELDE  O		6. Name and Address of Currer	nt Registered Agent						<u> </u>	
Stroot Address (P.O. Box Number is Not Acceptable)  1770 NE 43 Street  City Oakland Park  FL 2939394  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar writh, and accidented the obligations of registered agent.  SIGNATURE  SIGNATURE  Signature, synch or produced agent agent and time 4 accidence.  PILE NOWI!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DP  NAME  SIMET ADDRESS  CITY-SI-2P  MIAMI, FL 33150  Deale  TITLE  DV	BOONYAV	/AIRO I SATHIT		NaTWEERAWAT, TANITPORN						
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accidented to be obligations of registered agent a	3341 N FE	DERAL HWY								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accide the obligations of registered agent.    Signature   Signat					CityOakland Park			FL 293334		
TILE DV CERAWAT, TANITPORN TITLE DV CERAWAT, TANITPORN TITLE MAME SIREET ADDRESS CITY-ST-2P TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE MAME STRE	the obligat		for the purpose of changing its				th, in the State of Flo		amiliar with,	and accept
NAME STREET ADDRESS CITY-ST-ZIP OAKLAND PARK, FL 33306 CITY-ST-ZIP OAKLAND PARK, FL 33306 CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP OElete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	After Ma	ay 1, 2004 Fee will be \$550 OFFICERS AN	D.00 Trust Fund Cont D DIRECTORS	11.		ided to Fees	CHANGES TO OFF	ICERS AND		S IN 11
NAME   VEERAWAT, TANITPORN   STREET ADDRESS   170 N.W. 97TH STREET   STREET ADDRESS   CITY-ST-ZIP   MIAMI, FL 33150   CITY-ST-ZIP	NAME Street address	BOONYAVAIROJ, SATHIT 3341 N FEDERAL HWY		name Street	)				onlings	L. Additor
NAME         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         CAPAGE           STREET ADDRESS         CAPAGE           STREET ADDRESS         STREET ADDRESS	NAME STREET ADDRESS	VEERAWAT, TANITPORN 170 N.W. 97TH STREET	☐ Delete	NAME STREET	ADDRESS	)			K Change	☐ Addition
NAME	NAME STREET ADDRESS		Delete	NAME STREET			:	<u>-</u> ·	Change_	Addition
NAME STREET ADDRESS STREET ADDRESS	NAME . Street address		Defete	NAME Street	1				☐ Change	☐ Addition
	NAME STREET ADDRESS		☐ Delete	NAME STREET					Change	☐ Addition
TITLE         Delete         TITLE         Change         Add           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET	- 1			<u> </u>	Change	☐ Addition

Tanitporn veerawat, President

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR