2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000036870

Entity Name: SIAM TREASURES, INC.

City-St-Zip:

PORT ST LUCIE, FL 34984

FILED Nov 05, 2004 Secretary of State

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Current Principal Place of Business:		New Principal Place of Business	New Principal Place of Business:	
1774 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952		1042 SW BAYSHORE BLVD. PORT SAINT LUCIE, FL 34953		
Current M	lailing Address:	New Mailing Address:		
	PORT ST LUCIE BLVD NT LUCIE, FL 34952	2806 SE PACE DR. PORT SAINT LUCIE, FL 34984		
FEI Number	: 65-1098848 FEI Number Applied For () FEI Number Not Applicable () Certificate	of Status Desired ()	
Name and	l Address of Current Registered Age	nt: Name and Address of New Regis	stered Agent:	
The above	ACE DR LUCIE, FL 34984 US	r the purpose of changing its registered office or re	gistered agent, or both,	
SIGNATUI				
	Electronic Signature of Registere	ed Agent D	ate	
	ce with s. 607.193(2)(b), F.S., the corporation	•		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:		•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () Delete KUTIL, CHORTIP 2806 SE PACE DR PORT ST LUCIE, FL 34984	Title: () Change () Name: Address: City-St-Zip:) Addition	
Title: Name: Address: City-St-Zip:	D () Delete MEBORSUB, APINYATA 2806 SE PACE DR PORT ST LUCIE, FL 34984	Title: () Change () Name: Address: City-St-Zip:) Addition	
Title: Name: Address: City-St-Zip:	D () Delete KUTIL, NOEL 2806 SE PACE DR PORT ST LUCIE, FL 34984	Title: () Change () Name: Address: City-St-Zip:) Addition	
Title: Name:	D () Delete MEBORSUB, ANYA 2806 SE PACE DR	Title: () Change () Name:) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: CHORTIP KUTIL D 11/05/2004