## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

SIGNATURE:

## Apr 10, 2006 08:00 AM DOCUMENT # P01000056140 Secretary of State 1. Intity Name SUSHI SIAM OF KEY BISCAYNE, INC. Principal Place of Business Mailing Address 7510 BEACH VIEW DRIVE NORTH BAY VILLAGE FL 33141 US **632 CRANDON BLVD** KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 65-1111467 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KNATTONGCOME, SIRPHAN Street Address (P.O. Box Number is Not Acceptable) 7510 BEACH VIEW DRIVE NORTH BAY VILLAGE FL 33141 City Zip Code 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, typed or present name of registered agent and title if applicable (NOTE: fregistered Agent syntature registed when revisioning) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITLE ☐ Change Maria. NAME NETHONGKOME, YONGYUTH NAME STREET ADDRESS 7510 BEACH VIEW DRIVE 800000499132 84/24/86-88817-815 150.00 STREET ADDRESS NORTH BAY VILLAGE FL 33141 CITY-ST-ZIP EITY-ST-ZIP TITLE DV ☐ Delete HITLE Applife. Change Change MANE KNATTONGCOME, SIRIPHAN NAME STREET ADURESS 7510 BEACH VIEW DRIVE STREET ADDRESS CITY-ST-ZIP NORTH BAY VILLAGE FL 33141 CITY-SI-ZIP TITLE Delete TESTE Charge Additi. NAME NAME STREET ADDRESS STREET ADORESS CHY-SI-29 City-SI-ZiP THIE Delete ☐ Change ☐ Addess NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete THLE ☐ Change [ ] Added NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Defete TOTAL ☐ Change ☐ Age :: NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath, that I am an officer or direction 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 1 if changes, or on an attackment with an address, with althougher the empowered

(SIRIPHAN KNATTONGCOME) 4

Quyung Phone &

**FILED**