## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 27, 2006 8:00 am Secretary of State DOCUMENT # P01000059447 03-27-2006 90257 028 \*\*\*150.00 LUMP SUM GROUP, INC. Principal Place of Business Mailing Address 317 MIRACLE MILE CORAL GABLES FL 33134 317 MIRACLE MILE CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-1118911 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 SINGKHAJORN, METANEE Street Address (P.O. Box Number is Not Acceptable) 10795 S.W. 108TH AVE., #303 MIAMI-FL 33176 Zip Code 33176 City m IAMI 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. (NOTE: Registered Agent signature required when reinstating) DATE ne of registered agent and life it applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition SINGKHAJORN, METANEE NAME SW 103ND PLACE STREET ADDRESS 10705 S.W. 108TH AVE., #303-STREET ADDRESS 13601 CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP Delete Change Addition TITLE TITLE SRIBOONROD, WATTANA MAME NAME STREET ADDRESS 10795 S.W. 108TH AVE., #107 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIP ☐ Dolete INTE Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 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 AND SPECIAL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Date

Daytime Phone #