


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90037 031 \*\*\*150.00

<b>DOCUMENT # P02000022767</b> 1. Entity Name <b>SIM RESTAURANT CORPORATION</b>			
Principal Place of Business <b>20921 NE 24TH AVENUE NORTH MIAMI BEACH, FL 33180</b>		Mailing Address <b>20921 NE 24TH AVENUE NORTH MIAMI BEACH, FL 33180</b>	
2. Principal Place of Business <b>949 S. Federal Hwy.</b> Suite, Apt. #, etc.		3. Mailing Address <b>949 S. Federal/H</b> Suite, Apt. #, etc.	
City & State <b>Deerfield Beach</b> Zip <b>33441</b>		City & State <b>Deerfield Beach</b> Zip <b>33441</b>	
Country		Country	
4. FEI Number <b>68-0491361</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PORNPRINYA, TONY 10800 BISCAYNE BLVD SUITE 988 MIAMI, FL 33161</b>		7. Name and Address of New Registered Agent Name <b>Russmetes, Khruawan</b> Street Address (P.O. Box Number is Not Acceptable) <b>1171 S.E. 2nd Ave.</b> City <b>Deerfield</b> FL Zip Code <b>33441</b>	
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 <u><i>Khruawan Russmetes</i></u> <b>Russmetes, Khruawan Russmetes</b> <b>7/8/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>RUSMETES, KHUAWAN 20921 NE 24TH AVENUE NORTH MIAMI BEACH, FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Russmetes, Khruawan 1171 S.E. 2nd Ave. Deerfield Beach, FL 33441</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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.			
<b>SIGNATURE:</b> <u><i>Khruawan Russmetes</i></u> <b>Russmetes, Khruawan Russmetes</b> <b>7/8/04</b> <b>(954)428-8009</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>			

**54065020**



07082004 Chg-P CR2E034 (10/03)

Attachment

54065020

#P02000022767

**M. TACHIBANA, C.P.A., P.A.**

MEMBER - AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS • FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

July 8, 2004

Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302

**RE: Sim Restaurant Corporation  
Annual Report 2004**

Dear Sir/Madam

Enclosed, please find a check in the amount of \$150 as payment for the 2004 State of Florida Annual Report filing fee.

My client, Sim Restaurant Corporation, did not receive the renewal notice from the State. They are now submitting their 2004 Annual Report filing upon our reminder to them.

We would greatly appreciate your kind understanding and cooperation in this matter.

Very Truly Yours,



M. Tachibana, C.P.A

enc.