

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000023805

1. Entity Name
SUSHI'N THAI RESTAURANT CORP.



Principal Place of Business
3755 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021

Mailing Address
261 N.W. 16TH STREET
POMPAHO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number
45-0468445

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONGKOLSINDHU, SARASERN
1801 NE 179 STREET
NORTH MIAMI BEACH, FL 33162

**DO NOT WRITE
IN THIS SPACE**

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000233781
02/17/05-80055-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MONKOLSINDHU, SARASERN
STREET ADDRESS	1801 N.E. 179 STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	DV
NAME	MONGKOLSIN, SEVEE
STREET ADDRESS	18600 N.E. 23RD COURT
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	DS
NAME	CHATMONMART, KAMOLWAN
STREET ADDRESS	5659 S.W. 36TH STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SA

2/15/05