

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 A
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
POMPANO BEACH, FL 33060**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 45-0468445 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP MONKOLSINDHU, SARASERN 1801 N.E. 179 STREET NORTH MIAMI BEACH, FL 33162 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV MONGKOLSIN, SEVEE 18600 N.E. 23RD COURT NORTH MIAMI BEACH, FL 33180 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS CHATMONMART, KAMOLWAN 5659 S.W. 38TH STREET HOLLYWOOD, FL 33023 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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03/06/08-80020-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **X** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08
Date

Daytime Phone #