2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000053727



FILED Mar 14, 2008 8:00 am Secretary of State

1. Entity Name THAI CUISINE, INC.							03-14-2008 9	9003 / 038	***150	.00
Principal Place of Business Mailing Address							٠.			
5325 EDGEW ORLANDO, FI			5325 EDGEWATER DR ORLANDO, FL 32810				,			
Principal Place of Business - No P.O. Box # Address								Alama a		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02282008	Chg-P	CR2E034	(12/06)	
City & State			City & State			4. FEI Number 32-0013107			Applied For Not Applicable	
Zip				Country		5. Certificate of Status Desired \$8.75 Addition. Fee Required				
	6. Name	and Address of Current	Registered Agent		Name	7. Name a	d Address of New R	egistered Ag	ent	
WONGMONGKOL, VACHIRA 2110 CORENA DR ORLANDO, FL 32810					Street Address (P.O. Box Number is Not Acceptable)					
613					City			FL	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 printed name of registered agent	and title if applicable. (NOTE	: Registered A	gent signature re	equired when reinstating)		DATE		
		FEE IS \$150.00 8 Fee will be \$550.	9. Election Campai Trust Fund Contr	~	ng 🔲	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECTORS					ADDITION	S/CHANGES TO OFF	ICERS AND D	IRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2110 COF	ONGKOL, VACHIRA RENA DR O. FL 32810	☐ Delete	TITLE NAME STREET / CITY-ST	address -zip			[☐ Change	Addition \
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONSY, SAMORAPHOUM 5523 WESTVIEW DR ORLANDO, FL 32810				ADDESS 11	PT BZ4 Crowr Orlando,	iwood Driv FL 32810	•	X Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5523 WE	RN, DOKMAY STVIEW DRIVE O, FL 32810	∑ Delcte	TITLE NAME STREET	ADDRESS 7	iongmongi	(ol, Amnu na Drive L 32805	A J	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS			[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS I-ZIP			[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delete	CITY-ST					Change	`Addition
iz. Thereby	certily that th	e information supplied wit	h this filing does not qualify fo	. DIE EXEIII	ipuona colli	atho came legal of	oct as if made under	ooth: that I am	no officer	or director

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

407-292-9474

3/11/08