

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000063575					
1. Entity Name THAI-AM 2, INC.					
Principal Place of Business 604 NORMANDY ROAD MADEIRA BEACH, FL 33708			Mailing Address 604 NORMANDY ROAD MADEIRA BEACH, FL 33708		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt # etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3689239	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent THANUPAKORN, VIYADA 604 NORMANDY ROAD MADEIRA BEACH, FL 33708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (Type name, typed or printed name of registered agent and title if applicable)					



03042004 Chg-P CR2E034 (10/03)

4. FEI Number
04-3689239

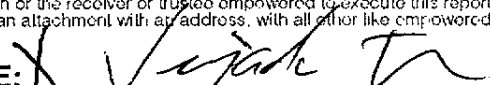
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D THANUPAKORN, VIYADA 604 NORMANDY ROAD MADEIRA BEACH, FL 33708 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition U000000093178 03/22/04-80008-001 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D THANUPAKORN, SUNGKARD 604 NORMANDY ROAD MADEIRA BEACH, FL 33708 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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 #