


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000097741
 1. Entity Name
 SAKURA THAI & JAPANESE CUISINE, INC.



Principal Place of Business 2201 N FEDERAL HWY BOCA RATON, FL 33431	Mailing Address 2201 N FEDERAL HWY BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2291782	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
 SOWAPARK, SOMSAK
 2201 N FEDERAL HWY
 BOCA RATON, FL 33431

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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]* MR. SOMSAK SOWAPARK 04/24/04
(NOTE: Registered Agent signature required when retreating) DATE

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

UN00000132184
 04/27/04-80033-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOWAPARK, SOMSAK 2201 N FEDERAL HWY BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SAENGSIRI, PREECHA 2201 N FEDERAL HWY BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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]* MR. SOMSAK SOWAPARK 04/24/04 561 3385882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #