


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 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

DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2291782

Applied For
 Not Applicable

5. Certificate of Status Desired \$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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

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	VPD VACHIRAPRAPUN, DUNGJAN 2201 N FEDERAL HWY BOCA RATON, FL 33431
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02/14/05-80040-022 150.00

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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 # _____