

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000101493

1. Entity Name
CHINATOWN OF ORLANDO, INC.



Principal Place of Business
4200 CONROY RD SUITE N249
ORLANDO, FL 32839 US

Mailing Address
4200 CONROY RD SUITE N249
ORLANDO, FL 32839 US



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0338638

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAENG SUKWIRASATHIEN, CHUCHUEN PRES
4200 CONROY RD SUITE N249
ORLANDO, FL 32839

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
PVST
SAENG SUKWIRASATHIEN, CHUCHUEN
11500 SW 62ND AVENUE
MIAMI, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAENG SUKWIRASATHIEN, CHUCHUEN
11500 SW 62ND AVE
MIAMI, FL 33159

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KEONGTEITKUL, NITHIMA
4200 COWBOY ST, #249
ORLANDO, FL 32839

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAENG SUKWIRASATHIEN, CHAINAT
4200 COWBOY ST, #249
ORLANDO, FL 32839

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000620452
02/09/07-80037-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHUCHUEN SAENG-
SUKWIRASATHIEN

Date

Daytime Phone #

248-379-3079