2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 20, 2006 08:00 Al
Secretary of State

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DOCUMENT # P03000016416				Secretary of Stat					
1. Entity Nan		•		Secretary	or Sun				
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		استعد تستد							
Principal Plac	ce of Business N	failing Address	·	-					
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		4836 NORTH FEDERAL HWY							
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				04112006 No Chg-P CR2E034 (11/06	51				
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				Applied For					
				Not Applicable					
				5. Certificate of Status Desired \$8.75 A					
				Fee Requi	red				
	6. Name and Address of Current Regi	stered Agent	-						
OIDIT	BYADONO CHANDA		{						
SIRITHANYAPONG, CHANIDA			1	DO NOT WRITE	ļ				
4836 NORTH FEDERAL HWY FT LAUDERDALE, FL 33309									
F) LAUDERDALE, PL 33309				IN THIS SPACE					
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8. The above	e named entity submits this statement for the	purpose of changing its register	ed office or register	ered agent, or both, in the State of Florida. I am familiar wit	h, and accept				
	tions of registered agent.								
0100/457/05			j	27 19 1					
SIGNATURE.	Signature, typed or printed name of registered agent and tilling	if applicable. (NOTE, Registers	ed Agent signature required	ed when reinstating) DATE					
	The street of th	<u>. 1)</u>			<u></u>				
	F NOWEL FEET 10 6470 00	9. Election Campaign Final	ncina \$5	5.00 May Be					
	LE NOW!!! FEE IS \$150.00 lay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.		ided to Fees					
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10.	OFFICERS AND DIRE	CTORS	1						
TITLE	P		1						
NAME	SIETHANYAPONE, CHANIDA		1						
STREET ADDRESS	1		ł	U00000521252					
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		1	U00000521252 05/02/06-80120-015 1	58.75				
TITLE			Ĭ.						
NAME PARKET ADDRESS			1						
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12. I hereby	certify that the information supplied with this	filing does not qualify for the ex	emptions contained	ed in Chapter 119, Florida Statutes. I lurther certify that the	e information				
12. I hereby certify that the information/suphiled with this filling 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 of 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									
fitte tar)[DOISTON OF THE LECEIVER DIFTURISTEE EMIDOMEN	ed to execute this report as requi	Red by Chamer no	changed, or on an attachment with an address, with all other like empowered.					
changed	or programs or the receiver of trustee empowers of, or on an attachment with an appress, with a	ed to execute this report as requ	med by Chapter ou	or, florida statetes, and that my harbe appears in block to					
changed SIGNAT	d, or on an attachment with an address, with a	ed to execute this report as requ	ered by Chapter 60	4-14-06					