## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 23, 2008 8:00 am Secretary of State 05-23-2008 90155 001 \*\*\*\*\*8.75 DOCUMENT # P03000016416 05-23-2008 90155 002 \*\*\*150.00 1. Entity Name THAI NIDA, INC. 66011362 Principal Place of Business Mailing Address 4836 NORTH FEDERAL HWY 4836 NORTH FEDERAL HWY FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 03112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FÉI Number 42-2012509 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIRITHANYAPONG, CHANIDA DO NOT WRITE 4836 NORTH FEDERAL HWY FT LAUDERDALE, FL, 33309 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE SIETHANYAPONE, CHANIDA NAME STREET ADDRESS 4836 N FEDERAL HWY. CITY-ST-7IP FORT LAUDERDALE, FL 33309 TITLE NAME STREET ADDRESS CITY-ST-ZIP-TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information subplied 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 ar SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

**FILED**