2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90121 049 ***150.00

DOCUMENT # P03000035228

1. Entity Name
AUTHENTIC THAI ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8445 INTERNATIONAL DRIVE ORLANDO, FL 32809	3133 FAIRFIELD DRIVE KISSIMMEE, FL 34743

03252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2128 BRIGHTON LN	2128 BRIGHTON LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32817 Country	Zip: 32817 Country

4. FEI Number: 47-2087375 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOSUWIN, GONGTONG 3133 FAIRFIELD DRIVE KISSIMMEE, FL 34743	Name: GOSUWIN, GONGTONG Street Address (P.O. Box Number is Not Acceptable): 2128 BRIGHTON LN City: ORLANDO FL Zip Code: 32817

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: Gong Ty Gosuwin GONGTONG GOSUWIN 3/29/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOSUWIN, GONGTONG 3133 FAIRFIELD DRIVE KISSIMMEE, FL 34743 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2128 BRIGHTON LANE ORLANDO FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Gong Ty Gosuwin GONGTONG GOSUWIN 3/29/05 (407) 2752375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #