

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042663

Entity Name: SUSHI THAI WEST INC.

FILED  
Feb 27, 2009  
Secretary of State

## Current Principal Place of Business:

D.B.A. LEMON GRASS  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

## Current Mailing Address:

420 EAST ATLANTIC AVE  
DELRAY BEACH, FL 33483

## New Mailing Address:

420 EAST ATLANTIC AVE.  
DELRAY BEACH, FL 33483

FEI Number: 20-0506360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAYSON, KHWANRIDEE  
420 E. ATLANTIC AVE  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GRAYSON, KHWANRIDEE  
Address: 420 E. ATLANTIC AV  
City-St-Zip: DELRAY BEACH, FL 33483

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: PIYAVICHAYANONT, NIWAT  
Address: 420 E. ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM ( ) Change (X) Addition  
Name: CHATCHONBUTR, WANIDA  
Address: 420 E. ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KHWANRIDEE GRAYSON

D

02/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date