

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-03-2004 91046 020 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000070544

1. Entity Name
SUSHI YAMA SIAM BOYNTON, INC.



Principal Place of Business
**10435 BOCA SPRINGS DRIVE
BOCA RATON, FL 33428**

Mailing Address
**10435 BOCA SPRINGS DRIVE
BOCA RATON, FL 33428**

66425193



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212004

Chg-P

CR2E034 (10/03)

4. FEI Number **65-1194914**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KHOUNTHAVONG, THAM
10435 BOCA SPRINGS DRIVE
BOCA RATON, FL 33428**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 **P KHOUNTHAVONG, THAM** ☐ Delete
STREET ADDRESS **10435 BOCA SPRINGS DRIVE**
CITY-STATE-ZIP **BOCA RATON, FL 33428**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME **V PHAM, HAHN** ☐ Delete
STREET ADDRESS **10435 BOCA SPRINGS DRIVE**
CITY-STATE-ZIP **BOCA RATON, FL 33428**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Change ☐ Addition
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

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: THAM KHOUNTHAVONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

(561) 736-7400

Daytime Phone