## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P03000094045 1. Entity Name 04-17-2006 90420 020 \*\*\*150.00 KHUN BANJONG, INC. Principal Place of Business Mailing Address 17720 SW 218 STREET TOUTURE! 17720 SW 218 STREET MIAMI, FL 33170 MIAMI, FL 33170 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 55-0846156 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIANHANUS, RATSUDA 17720 SW 218 STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33170 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete nn e ☐ Change ☐ Addition MIANMANUS, RATSUDA NAME STREET ADDRESS 17720 SW 218 STREET STREET ADDRESS CITY-ST-7IP MIAMI, FL 33170 CITY-ST-ZIP D TITLE ☐ Detete TITLE Change ☐ Addition MIANMANUS, BANJONG NAME NAME STREET ADDRESS 17720 SW 218 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33170 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied 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 an address, with all other like empowered.

FILED

liaeur (RATSUDA MIANMANUS) 4-10-06