

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90028 027 ***150.00

DOCUMENT # P03000101509

1. Entity Name

DOI TUNG ORCHIDS, INC.



Principal Place of Business

17720 SW 218 ST
MIAMI FL 33170

Mailing Address

17720 SW 218 ST
MIAMI FL 33170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0483036

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

MIANMANUS, RATSUDA
17720 SW 218 ST
MIAMI FL 33170

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DISKUL, M.R. DISNADDA
STREET ADDRESS DOI TUNG ROYAL VILLA
CITY-ST-ZIP CHIANGRAI, THAILAND 57240

TITLE DP ☐ Delete
NAME MIANMANUS, RATSUDA
STREET ADDRESS 17720 SW 218 ST
CITY-ST-ZIP MIAMI FL 33170

TITLE D ☐ Delete
NAME MIANMANUS, BANJONG
STREET ADDRESS 17720 SW 218 ST
CITY-ST-ZIP MIAMI FL 33170

TITLE D ☐ Delete
NAME CHARANASRI, UTHAI
STREET ADDRESS 99 MOO 7, TAMBON MAE FAH LUANG
CITY-ST-ZIP CHIANG RAI, THAILAND 57240

TITLE D ☒ Delete
NAME PICTON, T.J.
STREET ADDRESS MULTI PURPOSE HALL, DOI TUNG ROYAL VILLA
CITY-ST-ZIP MAE FAH LUANG, CHIANG RAI, TH

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-04