

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000056676					
1. Entity Name O&T RESTAURANT INCORPORATION					
Principal Place of Business 344 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33426 US			Mailing Address 3331 W. MAYAGUANA LANE LAKE WORTH, FL 33462 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7744 CEDRO CT.			
City & State		City & State LAKE WORTH, FL		4. FEI Number 20-0958005	
Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIENMANAPUN, SURACHAI 3331 W. MAYAGUANA LANE LAKE WORTH, FL 33462			7. Name and Address of New Registered Agent Name: VIENMANAPUN, SIORAT Street Address (P.O. Box Number is Not Acceptable): 7744 CEDRO CT. City: LAKE WORTH FL Zip Code: 33467		
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: / SIORAT VIENMANAPUN / PRESIDENT 10/01/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$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	P WIENMANAPUN, SURACHAI <input checked="" type="checkbox"/> Delete 3331 W. MAYAGUANA LANE LAKE WORTH, FL 33462		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VIENMANAPUN, SIORAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7744 CEDRO CT. LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WIENMANAPUN, SURACHAI <input checked="" type="checkbox"/> Delete 3331 W. MAYAGUANA LANE LAKE WORTH, FL 33462		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VIENMANAPUN, SIORAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7744 CEDRO CT. LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WIENMANAPUN, SURACHAI <input checked="" type="checkbox"/> Delete 3331 W. MAYAGUANA LANE LAKE WORTH, FL 33462		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VIENMANAPUN, SIORAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7744 CEDRO CT. LAKE WORTH, FL 33467	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100061552291 11/18/05--01053--008 ***\$1.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: / SIORAT VIENMANAPUN 10/01/2005 (561) 649-1812 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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