2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 12, 2005 8:00 am Secretary of State

DOCUMENT # P04000099190 1. Entity Name BANGKOK THAI RESTAURANT AT TITUSVILLE, INC.						04-18-20	005 9057	4 021 *	**150.00
Principal Place of Business Mailing Address									
3520 S WASI TITUSVILLE, I	HINGTON AVE FL 32780 US	3520 S Washington ave Titusville, FL 32780 us		66016748					
2. Principal P	face of Business	3. Mailing Address	3. Mailing Address						
Strite, Apt. #, etc.		Suite, Apt. #, etc.		01252005	Chg-P	CR2E03	34 (10/03)		
City & State		City & State			4. FEI Numb		64		oplied For ot Applicable
Zip	Country	Country Zip C		itry	5. Certificate	of Status Desired		8.75 Ada	ditional
Name and Address of Current Registered Agent					7. Name and	Address of New R	egistered A	gent	
SIRIPAT, JESANEE				Name					
3520 S WASHINGTON AVE TITUSVILLE, FL 32780				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zîp Cod	ia
8. The above	named entity submits this statement f	or the purpose of changing its	s register	ed office or registe	ared agent, or bo	th. in the State of Ro		amiliar with	and accept
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 O4/15/05									
	Signature, tyled or printed name of registered agen	and title if applicable. (NOT	TE: Registere	d Agent signature require	ed when reinstating)		DATE		
FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11
TITLE NAME	D SIRIPAT, JESANEE	☐ Defete	TETLI NAM					Change :	☐ Addition
STREET ADDRESS	3520 S WASHINGTON AVE TITUSVILLE, FL 32780		STRE	ET ADORESS -ST-ZIP					
TITLE	D	☐ Detete	TITL					Change	Addition
NAME	JITAVERA, JAREON		NAM	Ε			'	_ ~~~	
STREET ADORESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
NAME		r - r - Delsto · -						Change	_ Addition
STREET ADDRESS	-			ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	עונו					☐ Change	Addition
NAME	•		NAM	Ε				- orania	ا المحادث
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-299					
TITLE		Deleta	נודוד	l l				Change	☐ Addition
NAME STREET ADDRESS			NAM STRE	E Et address					
CITY-ST-ZP				-SI-ZIP					
TITLE		☐ Delete	נוווו	1				☐ Change	Addition
NAME STREET ADDRESS			HAM	E Et aodress					
CITY-ST-ZIP				-ST-2IP					
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 any address, with all other light ampowered.									
SIGNATURE: Y Jun 27/01 04/15/04 (321)269-7001									