


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90031 006 ***400.00

DOCUMENT # P04000112164					
1. Entity Name BANGKOK SQUARE INC.					
Principal Place of Business 4066 N ALAFAYA TRAIL ORLANDO, FL 32826			Mailing Address 4066 N ALAFAYA TRAIL ORLANDO, FL 32826		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		City	
6. Name and Address of Current Registered Agent					
PHOUNSAVAT, SOMBOUN 815 EGRET LANDING PLACE #101 ORLANDO, FL 32825					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P PHIMMASONE, SOMBOUNE <input type="checkbox"/> Delete 22 STYMIE PLACE WINTER PARK, FL 32789				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V PHOUNSAVAT, SOMBOUN <input type="checkbox"/> Delete 815 EGRET LANDING PLACE SUITE 101 ORLANDO, FL 32825				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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"/> 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: <u>Somboun Phoumsavat</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

50066045



07142005 Chg-P CR2E034 (10/03)

4. FEI Number _____ Applied For _____
Not Applicable

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

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ATTACHMENT

COPY

Form **941 for 2005: Employer's Quarterly Federal Tax Return**
(Rev. January 2005) Department of the Treasury — Internal Revenue Service

9901

OMB No. 1545-0029

Employer identification number	3	4	—	1	6	5	3	2	0	8
Name (not your trade name)	BANGKOK SQUARE INC									
Trade name (if any)	BANGKOK SQUARE RESTAURANT									
Address	4066 N ALAFAYA TRL									
Number	Street				Suite or room number					
ORLANDO	FL				32826-2410					
City	State				ZIP code					

Report for this Quarter (Check one)	
<input type="checkbox"/>	1: January, February, March
<input checked="" type="checkbox"/>	2: April, May, June
<input type="checkbox"/>	3: July, August, September
<input type="checkbox"/>	4: October, November, December

Read the separate instructions before you fill out this form. Please type or print within the boxes.

Part 1 Answer these questions for this quarter.

- | | | | |
|---|---|--|-----------|
| 1 | Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4) | 1 | 6 |
| 2 | Wages, tips, and other compensation | 2 | 17,983 50 |
| 3 | Total income tax withheld from wages, tips, and other compensation | 3 | 1,446 40 |
| 4 | If no wages, tips, and other compensation are subject to social security or Medicare tax | <input type="checkbox"/> Check and go to line 6. | |
| 5 | Taxable social security and Medicare wages and tips: | | |

- | | Column 1 | | Column 2 |
|----|---|-----------|----------|
| 5a | Taxable social security wages | 15,433 83 | 1,913 79 |
| 5b | Taxable social security tips | 2,549 67 | 316 16 |
| 5c | Taxable Medicare wages & tips | 17,983 50 | 521 52 |
| 5d | Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d) | 5d | 2,751 47 |
| 6 | Total taxes before adjustments (lines 3 + 5d = line 6) | 6 | 4,197 87 |

7 Tax adjustments (if your answer is a negative number, write it in brackets):

- | | | | |
|----|---|----|----------|
| 7a | Current quarter's fractions of cents | 0 | |
| 7b | Current quarter's sick pay | 0 | |
| 7c | Current quarter's adjustments for tips and group-term life insurance | 0 | |
| 7d | Current year's income tax withholding (Attach Form 941c) | 0 | |
| 7e | Prior quarters' social security and Medicare taxes (Attach Form 941c) | 0 | |
| 7f | Special additions to federal income tax (reserved use) | 0 | |
| 7g | Special additions to social security and Medicare (reserved use) | 0 | |
| 7h | Total adjustments (Combine all amounts: lines 7a through 7g.) | 7h | 0 |
| 8 | Total taxes after adjustments (Combine lines 6 and 7h.) | 8 | 4,197 87 |
| 9 | Advance earned income credit (EIC) payments made to employees | 9 | 0 |
| 10 | Total taxes after adjustment for advance EIC (lines 8 - 9 = line 10) | 10 | 0 |
| 11 | Total deposits for this quarter, including overpayment applied from a prior quarter | 11 | 0 |
| 12 | Balance due (lines 10 - 11 = line 12) Make checks payable to the United States Treasury | 12 | 4,197 87 |
| 13 | Overpayment (if line 11 is more than line 10, write the difference here.) | 0 | |

Check one ☐ Apply to next return.
☐ Send a refund.

ATTACHMENT

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Name (not your trade name)

Employer identification number

Part 2 Tell us about your deposit schedule for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

14 ☐ ☐ Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in multiple states.

15 Check one: ☐ Line 10 is less than \$2,500. Go to Part 3.

☐ You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total

Total must equal line 10.

☐ You were a semiweekly schedule depositor for any part of this quarter. Fill out Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to this form.

Part 3 Tell us about your business. If a question does NOT apply to your business, leave it blank.

16 If your business has closed and you do not have to file returns in the future ☐ Check here, and enter the final date you paid wages / / .

17 If you are a seasonal employer and you do not have to file a return for every quarter of the year ☐ Check here.

Part 4 May we contact you, third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name

Phone

Personal Identification Number (PIN)

☐ No.

Part 5 Sign here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

X

Sign your name here

Print name and title

SAMBOUNE PHOUNSAVAT, PRESIDENT

Date

07 / 30 / 05

Phone

(407) 382 - 4001

Part 6 For paid preparers only (optional)

Preparer's signature

Firm's name

VINA TAX & SERVICES

Address

636 N THORNTON AVE STE 1

ORLANDO, FL

EIN

55-0674042

ZIP code

32803

Date

07 / 30 / 05

Phone

(407) 999 - 5168

SSN/PTIN

P00313206

☐ Check if you are self-employed.

ATTACHMENT # 104000112164

Florida Department of Revenue Employer's Quarterly Report

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

Use black ink. Example A - Handwritten Example B - Typed

0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

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UCT-6
R. 04/04

QUARTER ENDING 06/30/2005 DUE DATE 07/31/2005 PENALTY AFTER DATE 07/31/05 TAX RATE .0270 UT ACCOUNT NUMBER 2552578-5



92000999999900680540315300001039000002

Do not make any changes to the pre-printed information on this form. If changes are needed, complete the enclosed Employer Account Change Form (UCS-3).

F.E.I. NUMBER 841653208

FOR OFFICIAL USE ONLY POSTMARK DATE

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month.

1st Month 000,006
2nd Month 000,005
3rd Month 000,004

T

- Gross Wages Paid This Quarter (Must be same as item 13)
- Wages Paid This Quarter in Excess of \$7,000 Per Employee This Year
- Taxable Wages For This Quarter (Item 2 minus Item 3)
- Tax Due (Multiply item 4 by Tax Rate)
- Penalty Due (See instructions)
- Interest Due (See instructions)
- Total Amount Due (Make check payable to: Florida U.C. Fund (If less than \$1.00 no remittance is necessary))

US Dollars	Cents
17,983	50
10,000	00
7,983	50
215	55
0	00
0	00
215	55

Signature required on back

9. EMPLOYEE'S SOCIAL SECURITY NUMBER

10. EMPLOYEE'S NAME*
*please print first eleven characters of last name in boxes

11. EMPLOYEE'S GROSS WAGES PAID THIS QUARTER

024-66-7991
767-07-4248

Last Name First Initial Middle Initial
PHOUNSAVAT S
PHIMMASONNE S

US Dollars	Cents
6,000	00
6,000	00
12,000	00
17,983	50

Use Reverse Side For Additional Employees and Signature.

12. Total Gross Wages This Page

13. Total Gross Wages All Pages
(Must be same as item 2 - Gross Wages)

DO NOT DETACH

Employer's Quarterly Report (UCT-6) Payment Coupon

UCT-6
R. 04/04

Florida Department of Revenue

COMPLETE and MAIL with your REPORT/PAYMENT.
Please write your ACCOUNT NUMBER on check.
Be sure to SIGN YOUR CHECK.
Make check payable to: **Florida U.C. Fund**

UT ACCOUNT NO. 2552578-5
F.E.I. NUMBER 841653208

DO NOT USE ONLY
POSTMARK OR HAND DELIVERY DATE

AMOUNT ENCLOSED

US Dollars	Cents
215	55

PAYMENT FOR QTR/YR

0 - 00

Check here if you transmitted funds electronically.

9200 0 99999999 0068054031 6 5000010390 0000 2



Florida Department of Revenue Employer's Quarterly Report

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

UCT-6
R. 04/04

ATTACHMENT # **V04000112164**

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Use black ink. Example A - Handwritten Example B - Typed

0 1 2 3 4 5 6 7 8 9 **0123456789**

QUARTER ENDING

EMPLOYER'S NAME

UT ACCOUNT NUMBER

06/30/2005 BANGKOK SQUARE INC

25151251718-15

9. EMPLOYEE'S
SOCIAL SECURITY NUMBER

10. EMPLOYEE'S NAME*
*please print first eleven characters of last name in boxes

11. EMPLOYEE'S GROSS WAGES
PAID THIS QUARTER

Last Name	First Initial	Middle Initial	US Dollars	Cents
589 19 2747 KIM	S		2,798.90	
594 11 3991 YIM	O		698.60	
104 68 3993 PAROLISI	M		2,182.25	
593 06 8313 KLUMPP	B		303.75	

12. Total Gross Wages This Page
(include in lines 2 and 13 on page 1)

5983.50

Sign here

Paid
preparers
only

07/31/05
Joseph B. ...
VINA TAX & SERVICES
636 N Thornton Ave
Orlando, FL 32803

Title

Preparer
check if self-
employed

FEIN

ZIP

Preparer's social security number or PTIN number

1700313206

558874042

Preparer's
phone number **407 999-5188**

DO NOT
DETACH

Mail Reply To:
Unemployment Tax
Florida Department of Revenue
5050 W. Tennessee St.
Tallahassee, Florida 32399-0180



ATTACHMENT
Division of Corporations

5006041 Page 1 of 2

2005 Annual Report

**Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual
report form.**

This information cannot be changed on the report.	
Document Number	P04000112164
Business Entity Name	BANGKOK SQUARE INC.
Original File Date	07/30/2004

FEI Number

Principal Address 4066 N ALAFAYA TRAIL
ORLANDO, FL 32826

Mailing Address 4066 N ALAFAYA TRAIL
ORLANDO, FL 32826

Registered Agent SOMBOUN PHOUNSAVAT
815 EGRET LANDING PLACE #101
ORLANDO, FL 32825 US

Officer/Director Name And Address

P
SOMBOUNE PHIMMASONE
22 STYMIE PLACE
WINTER PARK, FL 32789

V
SOMBOUN PHOUNSAVAT
815 EGRET LANDING PLACE SUITE 101
ORLANDO, FL 32825

☐ **After May 1 of each year, a late charge of \$400.00 is imposed, except in
circumstances in which the entity did not receive prior notice. Please check
this box if notice was not received.**

Continue