


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PHOUNSAVAT, SOMBOUN 815 EGRET LANDING PLACE #101 ORLANDO, FL 32825		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	
NAME	PHIMMASONE, SOMBOUNE	
STREET ADDRESS	22 STYMIE PLACE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	V	
NAME	PHOUNSAVAT, SOMBOUN	
STREET ADDRESS	815 EGRET LANDING PLACE SUITE 101	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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.		
SIGNATURE: <u>Somboun Phounsaat</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1653208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000552001
05/13/06-20122-010 150.00

**DO NOT WRITE
IN THIS SPACE**

05/01/06 (407) 929-6117
Date Daytime Phone #