2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2005 8:00 am Secretary of State

DOCUMENT # P04000153384 1. Entity Name BANGKOK THAI CUISINE, INC.							03-28-20	05 90083	008 ***15	0.00
Principal Place of Business 4802 51ST STREET W #1722 BRADENTON, FL 34210		Mailing Address 4802 51ST STREET W #1722 BRADENTON, FL 34210						50	03161	0
2. Principal Pl	ace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03052005	Chg-P	CR2	E034 (10/03)	
City & State		City & State				4. FEI Num	74-313	33732	Ap No	oplied For ot Applicable
Zip	Country	Zip	Countr	у			te of Status Desire		\$8.75 Add Fee Require	
, 6. Name and Address of Current Registered Agent						7. Name a	nd Address of Ne	w Registere	d Agent	
SELLS, ALYSSA M ESQ 1800 SECOND STREET STE 720 SARASOTA, FL 34236						EL U O. Box Nun	/ T/HA ∧ nber is Not Accep	table)	-	• . •
SARASOTA, FL 34230							STREET	WEST		22_
				City BR	1408	SWION	/ .	F	L 300	210
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 MICHEL W TANG William										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					\$5.0 Adde	00 May Be d to Fees				
10.	OFFICERS AND	DIRECTORS	11.		- 1	ADDITION	IS/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 11
TITLE	D	☐ Delete	TITLE	V	TP/1	T/0			5 2 Change	Addition
NAME	TANG, MICHAEL W		NAME		•	•				
STREET ADORESS CITY-ST-ZIP	4802 51\$T \$TREET W #1722 BRADENTON, FL 34210		STREE CITY-							
TITLE	D	☐ Delete	TITLE		P/D				🕰 Change	☐ Addition
NAME	KANADY, JUBILIEE		NAME	i						
STREET ADDRESS CITY-ST-ZIP	4802 51ST STREET W #1722 BRADENTOÑ, FL- 34210		CITY-	T ADDRESS		-			4.	
	BIODERION, FE 34210	· · · · · · · · · · · · · · · · · · ·	1	UT 2.			· ·	·	Change	Addition
TITLE NAME	•	☐ Delete	TITLE						☐ change	
STREET ADDRESS	* -			T ADDRESS						
CITY-ST-ZIP			CITY-	,			-			
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition
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NAME			NAME							
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
									[7] Channa	T Addition
HITLE -		Delete	TITLE NAME	i					Change	Addition
STREET ADDRESS				I ADDRESS						
CITY-ST-ZIP				ST-ZIP						
12. I hereby	certify that the information supplied with	this filing does not qualify for	the exen	nption stated	d in Sec	tion 119.07	(3)(i), Florida Statu	ites. I further	certify that the i	information
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee emporal or on an attachment with an address, we can be address.	true and accurate and that movered to execute this report a	y signati as requir	ure shall hav	e the s	ame legal el	fect as if made ur	ider oath: tha	t I am an officer	r or director