

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113436

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: JAIDEE THAI RESTAURANT, INC.

## Current Principal Place of Business:

2100 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 US

## New Principal Place of Business:

## Current Mailing Address:

2100 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 US

## New Mailing Address:

FEI Number: 33-1123203      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIEGEL, STEPHEN S  
7411 MIAMI LAKES DRIVE  
MIAMI LAKES, FL 33014 US

## Name and Address of New Registered Agent:

PETER, VASSANA  
2496 NW 189 AVE  
PEMBROKE PINES, FL 33029 US

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.

SIGNATURE: PETER VASSANA

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VASSANA, PETER  
Address: 2496 NW 189TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: SEC ( ) Delete  
Name: VASSANA, WANTANA  
Address: 2496 NW 189TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: TRES ( ) Delete  
Name: VASSANA, WANTANA  
Address: 2496 NW 189TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D ( ) Delete  
Name: VASSANA, PETER  
Address: 2496 NW 189TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D ( ) Delete  
Name: VASSANA, WANTANA  
Address: 2496 NW 189TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER VASSANA

P

04/20/2007

Electronic Signature of Signing Officer or Director

Date