

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90178 001 ***150.00

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1. Entity Name

PRINYA, INC.

Principal Place of Business

1121 HOLLAND DRIVE, 25
BOCA RATON FL 33487
US

Mailing Address

1121 HOLLAND DRIVE, 25
BOCA RATON FL 33487
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3387688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

PRINYAVIVATKUL, BOONSOM
1121 HOLLAND DRIVE, 25
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. B

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent and accepts the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when filing for change of agent)

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P,T ☐ Delete
NAME PRINYAVIVATK, BOONSOM
STREET ADDRESS 6196 BEAR CREEK CT
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE VP,S ☐ Delete
NAME PRINYAVIVATK, SUCHADA
STREET ADDRESS 6196 BEAR CREEK CT
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BOONSOM PRINYAVIVATKUL 4/10/06 (561)998-8878

Date

Daytime Phone #

*FEI #
changed*