2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90136 010 ***150.00

DOCUMENT # P05000128194

1. Entity Name
MAY & MUY, INC.

40050791

04012007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
3231 E ATLANTIC BLVD POMPANO BEACH, FL 33062	3231 E ATLANTIC BLVD POMPANO BEACH, FL 33062
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-3484510 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEAWAN, SUNAI
3486 NE 18TH AVE
OAKLAND PARK, FL 33306

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST HEAWAN, SUNAI 3486 NE 18TH AVE OAKLAND PARK, FL 33306	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X [signature] 04/03/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/1/2007

TO: Sunai

ATTACHMENT #P05000128194 H05B7911

SUSHI THAI CAFÉ PAYROLL

2007

EE#	NAME	TOTAL	GROSS	TIPS	FICA	FIT	NET PAY	
	Sunai Heawan	$700.00	$300.00	$400.00	$53.55	$70.00	**$176.45**	Biweekly
	Saowanee Chaiyasitma	700.00	300.00	400.00	$53.55	70.00	**176.45**	Biweekly
	Sisouk Souvannasy	268.00	268.00	0.00	$20.51	14.99	**232.50**	Weekly
	Akira Iwata	268.00	268.00	0.00	$20.51	14.99	**232.50**	Weekly
	TOTAL	$1,936.00	$1,136.00	$800.00	$148.12	$169.98	$817.90	