

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139433

Entity Name: THAL MUAL SUSHI INC.

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

17820 NW 67TH AVE., STE. 1
HIALEAH, FL 33015

New Principal Place of Business:

Current Mailing Address:

17820 NW 67TH AVE., STE. 1
HIALEAH, FL 33015

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYINE POW, P. HTAWNG
17280 NW 67TH AVE., STE. 1
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: KYINE POW, P. HTAWNG
Address: 17820 NW 67TH AVE., STE. 1
City-St-Zip: HIALEAH, FL 33015

Title: DVT () Delete
Name: CINAG, CING SAWM
Address: 17820 NW 67TH AVE., STE. 1
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: HTAWNG POW

DPS

04/21/2006

Electronic Signature of Signing Officer or Director

Date