

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90001 041 ***150.00

DOCUMENT # P06000000364 1. Entity Name SURIYA COMPREHENSIVE THAI SPA INC.					
Principal Place of Business 110 N. FEDERAL HIGHWAY SUITE NO. #103-104 HALLANDALE BEACH, FL 33009			Mailing Address 110 N. FEDERAL HIGHWAY SUITE NO. #103 & 104 HALLANDALE BEACH, FL 33009		
2. Principal Place of Business - No P.O. Box # 101 N FEDERAL HWY		3. Mailing Address 101 N FEDERAL HWY			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State HALLANDALE BEACH, FL		City & State HALLANDALE BEACH, FL		4. FEI Number 59-3832536	
Zip 33009		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SOLOMON, MARK 901 S FEDERAL HIGHWAY #300 FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name VON SINNER, CHDAWAN Street Address (P.O. Box Number is Not Acceptable) 101 N FEDERAL HWY City HALLANDALE FL Zip Code 33009		
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  DATE 06/19/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST VON SINNER, CHDAWAN PRESIDE 110 N. FEDERAL HIGHWAY, SUITE #103 & 104 HALLANDALE BEACH, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST PROMAKUN, PARITHORN ASSISTA 110 N. FEDERAL HIGHWAY, SUITE #103 & 104 HALLANDALE BEACH, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPA PROMKUL, JIRAPORN SPA ATT 110 N. FEDERAL HIGHWAY, SUITE #103 & 104 HALLANDALE BEACH, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST PAOBOROM, NATTAYA 110 N. FEDERAL HIGHWAY, SUITE #103 & 104 HALLANDALE BEACH, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			06/19/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		