

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000062681

Entity Name: THAI-RIFIC ORCHIDS, INC.

FILED  
May 04, 2010  
Secretary of State

**Current Principal Place of Business:**

5313 GULFPORT BLVD.  
GULFPORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

5313 GULFPORT BLVD.  
GULFPORT, FL 33707

**New Mailing Address:**

FEI Number: 20-4811151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SILAVUTISET, PRAVIT  
5309 GULFPORT BLVD  
GULFPORT, FL 33707 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SILAVUTISET, PRAVIT  
Address: 5309 GULFPORT BLVD  
City-St-Zip: GULFPORT, FL 33707

Title: VP  
Name: SILAVUTISET, WIMALA  
Address: 5309 GULFPORT BLVD  
City-St-Zip: GULFPORT, FL 33707

Title: D  
Name: SILAVUTISET, PAMELA  
Address: 5122 22ND AVE SO  
City-St-Zip: ST. PETERSBURG, FL 33707

I hereby 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 all other like empowered.

SIGNATURE: PAMELA SILAVUTISET

D

05/04/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date