

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90014 005 ***150.00

DOCUMENT # P06000104733 1. Entity Name AUTHENTIC THAI KITCHEN, INC					
Principal Place of Business 5239 S JOHN YOUNG PKWT ORLANDO, FL 32839			Mailing Address 2118 AGATE ST KISSIMMEE, FL 34744		
2. Principal Place of Business - No P.O. Box # Same as above Suite, Apt. #, etc.		3. Mailing Address 3802 Swallowtail Ln Suite, Apt. #, etc.			
City & State 		City & State Kissimmee FL		4. FEI Number 56-2608032	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34744		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HUAMAN, ROGER 2646 SAMPLE AT KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name No change 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: 01/25/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P GOSUWIN, NUANJAN 2118 AGATE ST KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUMDOWN MOORE 3802 Swallowtail Lane Kissimmee FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Lumdown Moore <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 01-25-08 Daytime Phone #: 407-758		

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