

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000124580

Entity Name: MAKONG THAI RESTAURANT, INC.

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

196 MIRACLE STRIP PARKWAY, UNIT #O  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

196 MIRACLE STRIP PARKWAY, UNIT #O  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

2039 VICAYA DR  
NAVARRE, FL 32566

FEI Number: 26-1500732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ORR, YUVADEE  
196 MIRACLE STRIP PARKWAY, UNIT #O  
FORT WALTON BEACH, FL 32548 US

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

ORR, YUVADEE K  
2039 VICAYA DR  
NAVARRE, FL 32566 US

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: YUVADEE K ORR

05/03/2010

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: D  
Name: ORR, YUVADEE K  
Address: 2039 VICAYA DR  
City-St-Zip: NAVARRE, FL 32566 US

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: YUVADEE K ORR

D

05/03/2010

Electronic Signature of Signing Officer or Director

Date