

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000071191

1. Entity Name  
TRY THAI, INC.



FILED

08 MAY 20 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
727 SOUTH FEDERAL HWY  
BOYNTON BEACH, FL 33435

Mailing Address  
727 S FEDERAL HWY  
BOYNTON BEACH, FL 33435 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05192008

Chg-P

CR2E034 (12/06)

4. FEI Number  
65-0445404

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELSEY, PATCHARIN P  
727 SOUTH FEDERAL HWY.  
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

Name  
MR. CHAKKAPHONG KREEKUL

Street Address (P.O. Box Number is Not Acceptable)

727 SOUTH FEDERAL HWY.

City BOYNTON BEACH

FL

Zip Code  
33435

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 (CHAKKAPHONG KREEKUL) PRESIDENT

5/19/2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST  
NAME KELSEY, PATCHARIN  
STREET ADDRESS 7020 HALF MOON CIR APT 481  
CITY-ST-ZIP LANTANA, FL 33462 ☒ Delete

TITLE D  
NAME KELSEY, PATCHARIN  
STREET ADDRESS 7020 HALF MOON CIR  
CITY-ST-ZIP LANTANA, FL 33462 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME MR. CHAKKAPHONG KREEKUL  
STREET ADDRESS 727 SOUTH FEDERAL HWY.  
CITY-ST-ZIP BOYNTON BEACH, FL 33435 ☒ Change ☐ Addition

TITLE VICE PRESIDENT  
NAME MRS. KAMOLTHIP LARPSUKSOPONE  
STREET ADDRESS 727 SOUTH FEDERAL HWY.  
CITY-ST-ZIP BOYNTON BEACH, FL 33435 ☒ Change ☐ Addition

TITLE TREASURE & SECRETARY  
NAME MR. CHAKKAPHAN KREEKUL  
STREET ADDRESS 727. SOUTH FEDERAL HWY.  
CITY-ST-ZIP BOYNTON BEACH, FL 33435 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: (CHAKKAPHONG KREEKUL)

5/19/2008 (561) 315-0589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #