

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90019 011 ***158.75

DOCUMENT # P95000056471

1. Entity Name

BOW THAI RESTAURANT, INC.



Principal Place of Business
7950 W SAMPLE RD
CORAL SPRINGS FL 33065
US

Mailing Address
11566 NW 51ST PLACE
CORAL SPRINGS FL 33065



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

4. FEI Number **65-0597807**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUCHARITCHANT, SKUL
11566 N.W. 51ST PLACE
CORAL SPRINGS FL 33076

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SUCHARITCHANT, SKUL**
STREET ADDRESS **11566 N.W. 51ST PLACE**
CITY- ST- ZIP **CORAL SPRINGS FL 33076**

TITLE **T** ☐ Change ☒ Addition
NAME **AMAR SAMSON**
STREET ADDRESS **1350 SW 44th TERRACE**
CITY- ST- ZIP **DEERFIELD BEACH, FL 33442**

TITLE **VP** ☐ Delete
NAME **SUCHARITCHANT, ROSELI**
STREET ADDRESS **11566 N.W. 51ST PLACE**
CITY- ST- ZIP **CORAL SPRINGS FL 33076**

TITLE **S** ☐ Change ☒ Addition
NAME **OLIVIA G. SAMSON**
STREET ADDRESS **1350 S.W. 44th TERRACE**
CITY- ST- ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SKUL SUCHARITCHANT PRESIDENT

Date

Daytime Phone #

3/22/07

(954) 796-0202