

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90543 050 \*\*\*150.00

**DOCUMENT # P96000065642**

1. Entity Name  
**POP ROCK SUSHI CAFE, INC.**



Principal Place of Business  
2851 E. OAKLAND PK. BLVD.  
FORT LAUDERDALE, FL 33306 US

Mailing Address  
2851 E. OAKLAND PK. BLVD.  
FORT LAUDERDALE, FL 33306 US

2. Principal Place of Business  
**2831 E Oakland Pk Blvd**

3. Mailing Address  
**2831 E Oakland**

Suite, Apt. #, etc.  
**Park Blvd**

City & State  
**Ft Lauderdale FL**

City & State  
**Ft Lauderdale FL**

Zip  
**33306**

Country  
**USA**

Zip  
**33306**

Country  
**USA**

03182005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0688858**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PORNPRINYA, TONYA**  
**10800 BISCAYNE BLVD. #645**  
**MIAMI, FL 33161**

**7. Name and Address of New Registered Agent**

Name  
**[Signature]**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	SAEEIA, SURIN	
STREET ADDRESS	2831 E. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAITHISANAN, NIPAPORN	
STREET ADDRESS	2831 E OAKLAND PARK BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **3-18-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #