


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90073 022 ***150.00

DOCUMENT # P96000089384	
1. Entity Name SUSHI SIAM, INC. ✓	

Principal Place of Business C/O FOUR AMBASSADORS 801 S. BAYSHORE DR. MIAMI, FL 33131 ✓	Mailing Address 7510 BEACH VIEW DR 801 S. BAYSHORE DR. MIAMI, FL 33141 X
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7510 BEACH VIEW DRIVE	
City & State		City & State NORTH BAY VILLAGE, FL	
Zip	Country	Zip 33141	Country

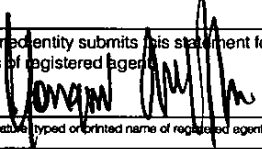


02112005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0708782	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIRIPHAN, KNATTONGCOME 1260 NE 97TH ST MIAMI, FL 33138 X		7. Name and Address of New Registered Agent Name SIRIPHAN KNATTONGCOME Street Address (P.O. Box Number is Not Acceptable) 7510 BEACH VIEW DRIVE City NORTH BAY VILLAGE FL Zip Code 33141	
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KNATTONGCOME, SIRIPHAN 1260 NE 97ST MIAMI, FL 33138 X <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SIRIPHAN KNATTONGCOME X Change <input type="checkbox"/> Addition 7510 BEACH VIEW DRIVE NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NETHONGKOME, YONGYUTH 1260 NE 97ST MIAMI, FL 33137 X <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YONGYUTH NETHONGKOME X Change <input type="checkbox"/> Addition 7510 BEACH VIEW DRIVE NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date 01/28/05	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		