


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90068 043 \*\*\*150.00

**DOCUMENT # P96000099834**

1. Entity Name  
 PUTHAI THAI RESTAURANT, INC.




Principal Place of Business  
 8730-49TH ST  
 PINELLAS PARK, FL 33782

Mailing Address  
 8730-49TH ST  
 PINELLAS PARK, FL 33782

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip



03142005 Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3415249

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 ORA-ATH, SAM S  
 10743 57TH ST N  
 PINELLAS PARK, FL 33782

7. Name and Address of New Registered Agent  
 Name  
 DAMRATSIRI KHONGDUANGDEE  
 Street Address (P.O. Box Number is Not Acceptable)  
 8730 49TH STREET NORTH  
 City  
 PINELLAS PARK FL Zip Code  
 33782

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: 03-15-05


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, 2005 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	O ORA-ATN, SAM S 10743-57TH ST N PINELLAS PARK, FL 33782 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAMRATSIRI KHONGDUANGDEE 8730 49TH STREET NORTH PINELLAS PARK, FL 33782
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
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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: 03-15-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #