2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000016208 THONGPOLL, INC. Principal Place of Business 512A GREENE STREET 512A GREENE STREET 512A GREENE STREET 1512A GREENE STREET		ANNOAL	KEFOKI			Secretary of State	
DO NOT WRITE IN THIS SPACE O1172004 No Chg-P CREEGS4 (10'03)	1. Entity Nam	ne	208			Secretary of State	
DO NOT WRITE IN THIS SPACE Applied For	Principal Plac	e of Business	Mailing Address 👢 .	يخ پ			
DO NOT WRITE IN THIS SPACE 0117204 No Chg-P CR2E34 (1003) 1. FEI Namber 65-0316498 No Chg-P CR2E34 (1003) 1. FEI Namber 65-0316498 No Chg-P CR2E34 (1003) 1. FEI Namber 65-0316498 No Chg-P CR2E34 (1003) 2. Cartifocate of Status Depiced S. Cartifocate of Status Depiced of Status Depiced S. Cartifocate of Status Depiced S. Cartifocate of Status Depiced S. Cartifocate of Status Depiced of Status Depiced S. Cartifocate of Status Depiced of Status Depiced of Status Depiced S. Cartifocate of Status Depiced of Status Depiced S. Cartifocate of Status Depiced of Status Depiced S. Cartifocate of Plotted Depiced S. Cartifocate of Status Depiced S. Cartifocate of Plotted Depiced Depiced S. Cartifocate of Plotted Depiced Depiced Depiced S. Cartifocate of Plotted Depiced			512A GREENE STREET	- 1000m W.1 -			
DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Applied For S5-08 (6498 IN a Applied For S6-08 (6498 IN a Applied	KEY WEST, F	L 33040	KEY WEST, FL 33040	• •			
DO NOT WRITE IN THIS SPACE A. FEI Number Sp. 0816498 Applied For Sc. 0816408 Read Address of Current Registered Agent DO NOT WRITE Read Address of Current Registered Agent Read Address of Read Agent Read Address of Read Agent Rea							
6. Name and Address of Current Registered Agent CHUNSAMANG, APIRAK 512 A GREENE STREET KEY WEST, FL 33040 6. The above remark entity submits his 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:							
S. Name and Address of Current Registered Agent CHUNSAWANG, APIRAK 512 A GREEN STREET KEY WEST, FL 33040 Signarus, 1954 a spring a certify uburble like 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE 10. OFFICERS AND DIRECTORS 11. 12. 11 (11 the STATE STATE STATE) 12. 11 (11 the STATE STATE STATE STATE) 13. 11 (11 the STATE		O NOT WRITE	IN THIS SPA	CE	4. FEI Numbi	Applied For	
S. Name and Address of Current Registered Agent CHUNSAWANG, APIRAK 512 A GREENE STREET KEY WEST, FL 33040 B. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE: Typicitive (node or philad name of registered agent and the B spoketia. TOUR Flugitures Agent services requires requires reference agent. SIGNATURE: Typicitive (node or philad name of registered agent and the B spoketia. TOUR Flugitures Agent services requires requires referred view referencing. DATE FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS TOUR Fund Contribution. DO NOT WRITE 1101 NAME SIGNATURE 1111 NAME SIGNATURE 1101 NAME SIGNATURES 1101 1101 NAME SIGNATURE 1101 1101 NAME SIGNATURES 1101 1101 1101 NAME SIGNATURES 1101 1101 1101 NAME SIGNATURES 1101 1101 1101 1101 NAME SIGNATURES 1101							
CHUNSAWANG, APIRAK 612 A GREENE STREET KEY WEST, FL 33040 3- The above named ontily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the offigeations of registered agent, or both, in the State of Florida. I am femiliar with, and accept the offigeations of registered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the offigeations of registered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the offigeation of the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the offigeation of the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the offigeation of the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the offigeation of the purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the office of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the office of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept the office of changing its registered agent, or both, in the State of Florida. I am femiliar with, and accept agent and accept agent agent agent agent agent agent agent. DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE 12 Interdop yearily with the information supplied with this filing does not qualify for the everption stated in Socien 119,07(30), Florida Statutes, I further certify that the information of the receptor of the registered agent.					5. Certificate		
### STREET ADDRESS TREET KEY WEST, FL 33040 #### STREET ADDRESS TREET ### Children and a complete and a comp		6. Name and Address of Current R	egistered Agent	ļ. —		-	
S. 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 fertilist with, and accept the obligations of registered agent. SIGNATURE SIGNATURE TILE NOW, 1, 1961 a principle of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fertilist with, and accept the obligations of registered agent. SIGNATURE TILE NOW, 1, 1961 a principle of the state of Florida. I am fertilist with, and accept the obligations of registered agent, or both, in the State of Florida. I am fertilist with, and accept the obligations of registered agent, or both, in the State of Florida. I am fertilist with, and accept the obligations of registered agent, or both, in the State of Florida. I am fertilist with, and accept the obligations of registered agent, or both, in the State of Florida. I am fertilist with, and accept the obligations of registered agent, or both, in the State of Florida. I am fertilist with, and accept the obligations of registered agent, or both, in the State of Florida. I am fertilist with, and accept the obligations of registered agent, or both, in the State of Florida. I am fertilist with, and accept the obligations of registered agent, or both, in the State of Florida. I am fertilist with, and accept the obligations of registered agent, or both, in the State of Florida. State of Florida. State of Florida State of Florida State and I florida State of the corporation or the registered by Chapter 607. Thorida State and I florida The florida State and I florida State and I florida The florida The florida State and I florida The florida The florida The florida The florida State and I florida The florida The florida The florida The florida The florida The florida State and I flor	512 A GREENE STREET			DO NOT WRITE			
the obligations of registered agent. SIGNATURE Synthism, hyeld or printed name of registered spent and tills if applicable, (NOTE, Registered Appet Signature required when releasable) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TILL PD CHUNSAWANG, APIRAK SINET ADDRESS 1213 14TH STREET LOT 199 KEY WEST, FL 33040 ITILL NAME SINET ADDRESS CITY-ST-2P TITLE NAME SINET ADDRESS CITY-ST-2P	KEY WEST, FL 33040			IN THIS SPACE			
the obligations of registered agent. SIGNATURE Synthism, hyeld or printed name of registered spent and tills if applicable, (NOTE, Registered Appet Signature required when releasable) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TILL PD CHUNSAWANG, APIRAK SINET ADDRESS 1213 14TH STREET LOT 199 KEY WEST, FL 33040 ITILL NAME SINET ADDRESS CITY-ST-2P TITLE NAME SINET ADDRESS CITY-ST-2P							
SIGNATURE Synthers. Inpedior printed name of registered agent and title it applicable. 0/07E. Registered Agent signature recepted, when indepathing) DATE	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.						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 10. CHUNSAWANG, APIRAK SITIET ADDRESS 1213 14TH STREET LOT 199 CHY-ST-2P KEY WEST, FL 33040 TILE NAME SITIET ADDRESS CITY-ST-2P TILE TILE NAME SITIET ADDRESS CITY-ST-2P TILE TILE TILE TILE TILE TILE TILE TIL							
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD CHUNSAWANG, APIRAK STRET AGORES CITY-ST-ZIP KEY WEST, FL 33040 TITLE NAME STRET AGORESS CITY-ST-ZIP TITLE TITLE NAME STRET AGORESS CITY-ST-ZI	Signature, lyped or printed name of registered agent and title if applicable, , (NOTE, Registered Agent signature required when reinstating) DATE						
TITLE NAME CHUNSAWANG, APIRAK SITEST ADDRESS CITY-ST-ZIP TITLE NAME SITEST ADDRESS CITY-ST-ZIP TITLE NAME SITEST ADDRESS CITY-ST-ZIP TITLE SITEST ADDRESS CITY-ST-ZIP TITLE SITEST ADDRESS CITY-ST-ZIP TITLE SITEST ADDRESS CITY-ST-ZIP TITLE TITLE SITEST ADDRESS CITY-ST-ZIP TITLE TITLE SITEST ADDRESS CITY-ST-ZIP TITLE TITLE TITLE SITEST ADDRESS CITY-ST-ZIP TITLE	1 ML 1014 FEE 10 \$150,00 }				.00 May Be ed to Fees		
NME SIRET ADRESS CITY-ST-ZIP KEY WEST, FL 33040 LU000D0010420 D1/22/04-80031-013 150.00 DO NOT WRITE INTE NAME SIRET ADRESS CITY-ST-ZIP NAME IN THIS SPACE IN THIS SPACE IN THIS SPACE CITY-ST-ZIP NAME SIRET ADRESS CITY-ST-ZIP IN THIS SPACE IN THIS SPACE TILE NAME SIRET ADRESS CITY-ST-ZIP IN THIS SPACE TILE NAME SIRET ADRESS CITY-ST-ZIP NAME SIRET ADRESS CITY-ST-ZIP NAME SIRET ADRESS CITY-ST-ZIP NAME SIRET ADRESS CITY-ST-ZIP 1012 12- Thereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(6). Florida Statutes. I further certify that the information inclinated on this report as report is rure and that my signature shall have the same legal effoct as if made under cath, that I am an office or director of the corporation or the receiver or treeple or or supplemental report is true and that my signature shall have the same legal effoct as if made under cath, that I am an effoct for or director of the corporation or receiver or treeple were the execute the segment of the corporation or the receiver or tree or execute this report as reported by Chapter 677. Florida Statutes: and that my amper experience is rure and one current or supplemental report is true and a current or supplemental report is rure and accurate and that my signature shall have the same legal effoct as if made under cath, that I am an effoct for or director or the receiver or many and experience and the same legal effoct as if made under cath, that I am an effoct for or director or the receiver or many and experience and the true signature of by Chapter 677. Florida Statutes: and that my amper experience and the current of the corporation or many and experience and the current of the corporation or many and experience and the current of the corporation or many and experience and the current of the corporation or many and experience and the current of the corporation or many and the current of the corporation or many and experience and the current of the corporation	10.	OFFICERS AND D	RECTORS				
STREET ADDRESS CITY-ST-ZP KEY WEST, FL 33040 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TIT	TITLE	PD		T '' '			
CITY-ST-ZP KEY WEST, FL 33040 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET	HAME	CHUNSAWANG, APIRAK		Į.			
TITLE NAME STREET ADDRESS CITY-ST-ZEP TITLE NAME STREET		1		l			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT	CITY-ST-ZIP	KEY WEST, FL 33040				,	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT	TITLE					U00000018428	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT				1		01/22/04-80031-013 150.00	
TITLE TABLE TA				ı			
NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE IN				.].		- -	
STREET ADDRESS CITY-ST-ZIP IN THIS SPACE IN THIS SPACE IN THIS SPACE INTEL NAME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 1 hereby certify that the information supplied with this filting 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 cath, that I am an officer or director of the opporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that I am an officer or director of the opporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that I my name appears in Block 10 or Block 11 if	-						
IN THIS SPACE STREET ADDRESS CITY - ST- ZIP TITLE NAME SIRRET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP 12. I hereby certify that the information supplied with this fitting 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 cath, that I am an officer or divector of 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 10 in Block 10 in Block 10 or Block 11 if				1		NOT WOITE	
SIREET ADDRESS CITY-ST-ZIP ITILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 1 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 cath, 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 11 if	CITY-ST-ZIP			l	DO	NOI WHILE	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 carb, 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. I further certify 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	TITLE		······································	1	INI "	TUIC CDACE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 cath, 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					IIV	I TIS SPACE	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 cath, 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							
NAME STREET ADDRESS CITY - ST-ZIP TITLE 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 cath, 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	CITY - ST - ZIP			ł			
STREET ADDRESS CITY - ST-ZIP TITLE 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 cath, 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	TITLE		······································	1		1	
CITY-ST-ZIP TITLE 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 cath, 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	NAME			1			
INTLE 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 cath, 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	STREET ADDRESS			I			
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 cath, 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	CITY-ST-ZIP						
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 cath, 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	TITLE			1	,		
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 cath, 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				1			
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 cath, 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				1			
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	CITY-ST-ZIP			l			
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	12. i pereby r	certify that the information supplied with the	is filing does not qualify for the eve	motion stated in Se	ction 119 07/3V	Florida Statutes, I further certify that the information	
	of the cor	poration or the receiver or trustee empow	ered to execute this report as requ	ture shall have the sired by Chapter 607	same legal effec , Florida Statute	t as if made under cath, that I am an officer or director s; and that my name appears in Block 10 or Block 11 if	