2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 09, 2004 8:00 am
Secretary of State
03-09-2004 90050 049 ***150.00

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1. Entity Name
DINER & SUSHI THAI, INC.

94026752

Principal Place of Business	Mailing Address
134 N FEDERAL HWY HALLANDALE, FL 33004	261 N.W. 16TH STREET POMPANO BEACH, FL 33060

03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0902537
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONGKOLSINDHU, SARASERN
1801 NE 179TH ST
N MIAMI BEACH, FL 33162

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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
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MONGKOLSINDHU, SARASERN
STREET ADDRESS	1801 NE 179TH ST
CITY-ST-ZIP	N MIAMI BEACH, FL 33162
TITLE	D
NAME	MASINTAPAN, NITTAYA
STREET ADDRESS	1801 NE 179 ST
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	DV
NAME	JINAPORNPHAYAP, JINTANA
STREET ADDRESS	1098 NE 183 ST
CITY-ST-ZIP	N MIAMI BEACH, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X SA 3/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #