2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000024267

1. Entity Name
DINER & SUSHI THAI, INC.

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

02082006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be $550.00

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

U00000443673
03/06/06-80021-007 150.00

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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____ 2/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #