

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000024267

1. Entity Name
DINER & SUSHI THAI, INC.



Principal Place of Business
134 N FEDERAL HWY
HALLANDALE, FL 33004

Mailing Address
261 N.W. 16TH STREET
POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000839424
03/06/08-80008-002 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
MONGKOLSINDHU, SARASERN
1801 NE 179TH ST
N MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MASINTAPAN, NITTAYA
1801 NE 179 ST
NORTH MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
JINAPORNPHAYAP, JINTANA
1098 NE 183 ST
N MIAMI BEACH, FL 33179

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MONGKOLSINDHU, SANTI
130 CALLE LARGO DRIVE
HOLLYWOOD, FL 33021

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/08

Date

Daytime Phone #