## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000024267

Entity Name: DINER & SUSHI THAI, INC.

FILED Apr 08, 2009 Secretary of State

Entity Name. DINER & 303HI THAI, INC.

Current Principal Place of Business: New Principal Place of Business:

134 N FEDERAL HWY HALLANDALE, FL 33004

Current Mailing Address: New Mailing Address:

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

FEI Number: 65-0902537 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

MONGKOLSINDHU, SARASERN
130 CALLE LARGO DRIVE
HOLLYWOOD, FL 33021 US

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.

SIGNATURE: SARASERN MONGKOLSINDHU 04/08/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition MONGKOLSINDHU, SARASERN MONGKOLSINDHU, SARASERN Name: Name: 1801 NE 179TH ST 130 CALLE LARGO DRIVE Address: Address: City-St-Zip: N MIAMI BEACH, FL 33162 City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete Title: () Change () Addition

 Name:
 MASINTAPAN, NITTAYA
 Name:

 Address:
 1801 NE 179 ST
 Address:

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33162
 City-St-Zip:

Title: DV ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 JINAPORNPHAYAP, JINTANA
 Name:

 Address:
 1098 NE 183 ST
 Address:

 City-St-Zip:
 N MIAMI BEACH, FL 33179
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MONGKOLSÌNDHU, SANTI
 Name:

 Address:
 130 CALLE LARGO DRIVE
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33021 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARASERN MONGKOLSINDHU DP 04/08/2009