

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085208

FILED
Apr 29, 2008
Secretary of State

Entity Name: OSAKA JAPANESE AND THAI OF MADEIRA BEACH, INC.

Current Principal Place of Business:

15115 MADEIRA WAY
MADEIRA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

710 94TH AVENUE N.
#302
ST. PETE, FL 33702

New Mailing Address:

FEI Number: 59-3598542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALZ, JOSEPH F
710 94TH AVE NO #302
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CHAROENMITR, BUSAKORN
Address: 11115 MADEIRA WAY
City-St-Zip: MADEIRA BEACH, FL 33708

Title: PD () Delete
Name: CHAROENMITR, PARPORN
Address: 11115 MADEIRA WAY
City-St-Zip: MADEIRA BEACH, FL 33708

Title: TD () Delete
Name: CHAROENMITR, VIROON
Address: 11115 MADEIRA WAY
City-St-Zip: MADEIRA BEACH, FL 33708

Title: SD () Delete
Name: CHAROENMITR, KRISS
Address: 11115 MADEIRA WAY
City-St-Zip: MADEIRA BEACH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: BUSAKORN CHAROENMITR

VD

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date