

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000103762

FILED
Jan 10, 2005
Secretary of State

Entity Name: SIAM RIVER THAI AND JAPANESE, INC.

Current Principal Place of Business:

1118 S DIXIE HWY
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1118 S DIXIE HWY
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0982010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUNMA, SOMKID
1118 S DIXIE HWY
CORAL GABLES, FL 33146 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: PVST () Delete
Name: PUNMA, SOMKID
Address: 6100 CABALLERO BLVD APT 107
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: PUNMA, SOMKID
Address: 5901 MARIPOSA CT
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: PUNMA, SOMKID
Address: 5901 MARIPOSA CT.
City-St-Zip: CORAL GABLES, FL 33146

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SOMKID PUNMA

D

01/10/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date