

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000103762

**FILED**  
**Feb 06, 2006**  
**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: 5901 MARIPOSA CT.  
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: ( ) 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 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: SOMKID PUNMA

D

02/06/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date