

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 SEP 18 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 508425

1. Entity Name  
PORT EVERGLADES RESTAURANT CORPORATION



Principal Place of Business

8191 E KAISER BLVD  
ANAHEIM, CA 92808

Mailing Address

8191 E KAISER BLVD  
ANAHEIM, CA 92808

DO NOT WRITE IN THIS SPACE



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
95-3181913

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301

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  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE VD  
NAME TALlichet, CECILIA  
STREET ADDRESS 8191 E KAISER BLVD  
CITY-STATE-ZIP ANAHEIM, CA 92808

TITLE AT  
NAME ROYSE, BOB D.  
STREET ADDRESS 8191 E KAISER BLVD  
CITY-STATE-ZIP ANAHEIM, CA 92808

TITLE ST  
NAME TALlichet, CECILIA  
STREET ADDRESS 8191 E KAISER BLVD  
CITY-STATE-ZIP ANAHEIM, CA 92808

TITLE PD  
NAME TALlichet, JOHN D  
STREET ADDRESS 8191 E KAISER BLVD  
CITY-STATE-ZIP ANAHEIM, CA 92808

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

500080091075  
09/22/06--01048--006 \*\*150.00

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

*Bob Royse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/06 714-279-6000  
Date Daytime Phone #

67

9/20/07