

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

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
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04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TALLICHET, CECILIA
STREET ADDRESS	8191 E KAISER BLVD
CITY-ST-ZIP	ANAHEIM, CA 92808
TITLE	AT
NAME	ROYSE, BOB D.
STREET ADDRESS	8191 E KAISER BLVD
CITY-ST-ZIP	ANAHEIM, CA 92808
TITLE	ST
NAME	TALLICHET, CECILIA
STREET ADDRESS	8191 E KAISER BLVD
CITY-ST-ZIP	ANAHEIM, CA 92808
TITLE	PD
NAME	TALLICHET, JOHN D
STREET ADDRESS	8191 E KAISER BLVD
CITY-ST-ZIP	ANAHEIM, CA 92808
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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05/25/07-80073-004 150.00

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: Cecilia Tallichet VP **4/25/07** **714-279-6100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #