

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L74097**

1. Entity Name  
**EL ESCORIAL RESTAURANT CORP.**



Principal Place of Business

**8745 SUNSET DR.  
MIAMI, FL 33173**

Mailing Address

**8745 SUNSET DR.  
MIAMI, FL 33173**

**DO NOT WRITE IN THIS SPACE**



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0192488** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**5. Name and Address of Current Registered Agent**

**THERATHANAKORN, WICHAI  
1033 CEDAR FALL DRIVE  
FT. LAUDERDALE, FL 33327**

**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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **CHOMPOONICH, EDDY**  
STREET ADDRESS **11803 NW 13 ST**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE **O**  
NAME **THERATHANAKORN, WICHAI**  
STREET ADDRESS **1033 CEDAR FALLS DR**  
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **O**  
NAME **WAI KEUNG, KWOK**  
STREET ADDRESS **1033 CEDAR FALLS DRIVE**  
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **O**  
NAME **MASINTAPAN, NITTAYA**  
STREET ADDRESS **8745 SUNSET DRIVE**  
CITY-ST-ZIP **MIAMI, FL 33173**

TITLE **O**  
NAME **UNG-VICHIAN, VICHIAN**  
STREET ADDRESS **6495 PONDAPPLE DR**  
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **O**  
NAME **BOONNAUG, KALOF**  
STREET ADDRESS **8745 SUNSET DRIVE**  
CITY-ST-ZIP **MIAMI, FL 33173**

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02/21/06 80072-010 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 9/06**

Date

**305 596 1551**

Daytime Phone #