

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L74097

FILED  
Jul 19, 2007  
Secretary of State

Entity Name: EL ESCORIAL RESTAURANT CORP.

## Current Principal Place of Business:

8745 SUNSET DR.  
MIAMI, FL 33173

## New Principal Place of Business:

## Current Mailing Address:

8745 SUNSET DR.  
MIAMI, FL 33173

## New Mailing Address:

FEI Number: 65-0192488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THERATHANAKORN, WICHAI  
1033 CEDAR FALL DRIVE  
FT. LAUDERDALE, FL 33327 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: P ( ) Delete  
Name: CHOMPOONICH, EDDY  
Address: 11803 NW 13 ST  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: O ( ) Delete  
Name: THERATHANAKORN, WICHAI  
Address: 1033 CEDAR FALLS DR  
City-St-Zip: WESTON, FL 33327

Title: O ( ) Delete  
Name: WAI KEUNG, KWOK  
Address: 1033 CEDAR FALLS DRIVE  
City-St-Zip: WESTON, FL 33327

Title: O ( ) Delete  
Name: MASINTAPAN, NITTAYA  
Address: 8745 SUNSET DRIVE  
City-St-Zip: MIAMI, FL 33173

Title: O ( ) Delete  
Name: UNG-VICHIAN, VICHIAN  
Address: 6495 PONDAPPLE DR  
City-St-Zip: BOCA RATON, FL 33433

Title: O ( ) Delete  
Name: BOONNAUG, KALOF  
Address: 8745 SUNSET DRIVE  
City-St-Zip: MIAMI, FL 33173

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: WICHAI THERATHANAKORN

O

07/19/2007

Electronic Signature of Signing Officer or Director

Date