2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2008
Secretary of State

DOCUMENT# L74097

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 08/07/2008

Electronic Signature of Signing Officer or Director — Date