

May 01 06 11:24a

B R BROTHERS, INC.

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90200 001 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000027016					
1. Entity Name TSAI'S RESTAURANT, INC.					
Principal Place of Business 806 S 6TH AVE WAUCHULA, FL 33873			Mailing Address 806 S 6TH AVE WAUCHULA, FL 33873		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-3631000				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TSAI, STANLEY T 1836 DEL ROBLES DR CLEARWATER, FL 33764-6429				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ Sign over typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-appointing)					
DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FD TSAI, STANLEY T 1836 DEL ROBLES DR CLEARWATER, FL 337646429	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: <u>Stanley T Tsai</u>			5/1/06 883-7733015		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		