

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT-# P01000122030**

**1. Entity Name**  
**TANGO GRILL CAFE OF HOLLYWOOD, INC.**



**Principal Place of Business**  
**1822 SOUTH YOUNG CIRCLE**  
**HOLLYWOOD, FL**

**Mailing Address**  
**1070 SOUTH SHORE DRIVE**  
**MIAMI BEACH, FL 33141**



**06022006 No Chg-P CR2E034 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**01-0664266**

**Applied For**  
**Not Applicable**

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

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

**HO, IVAN**  
**1070 SOUTH SHORE DRIVE**  
**MIAMI BEACH, FL 33141**

**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 \$550.00**  
**Due by September 6, 2006**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**000000575864**  
**09/01/06-80004-006 550.00**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**HO, IVAN**  
**7501 DADELAND MALL FC#3**  
**MIAMI, FL 33156**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**D**  
**HO, YING**  
**1822 SOUTH YOUNG CIRCLE**  
**HOLLYWOOD, FL 33020**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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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

Date

Daytime Phone #

**8-15-06**