


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90012 023 \*\*\*150.00

<b>DOCUMENT # P03000Q27865</b> 1. Entity Name T.A.G. RESTAURANT, INC.	
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Principal Place of Business 4927 EGRET PL. 11320 OKEECHOBEE BLVD COCONUT CREEK, FL 33073 Royal Palm Beach, FL 33411	Mailing Address 260 Belle Grove Ln 4927 EGRET PL. COCONUT CREEK, FL 33073 Royal Palm Beach, FL 33411
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01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 38-3675642	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

GOSINANONT, THIRAPORN  
4927 EGRET PL.  
COCONUT CREEK, FL 33073  
260 Belle Grove Ln  
Royal Palm Beach, FL  
33411

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOSINANONT, THIRAPORN 4927 EGRET PL. COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD THANEE, VANNEE 4927 EGRET PL. COCONUT CREEK, FL 33073
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**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

PRESIDENT

01/15/07 (904) 333-8005  
Date Daytime Phone #