## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P03000027865

Entity Name: T.A.G. RESTAURANT, INC.

FILED Sep 24, 2009 Secretary of State

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

11320 OKEECHOBEE BLVD ROYAL PALM BEACH, FL 33411

11328 OKEECHOBEE BLVD ROYAL PALM BEACH, FL 33411

**Current Mailing Address:** 

**New Mailing Address:** 

260 BELLE GROVE

440 BELLE GROVE

ROYAL PALM BEACH, FL 33411

ROYAL PALM BEACH, FL 33411

FEI Number: 38-3675642

FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GOSINANONT, THIRAPORN 260 BELLE GROVE LN WEST PALM BEACH, FL 33411 GOSINANONT, THIRAPORN 440 BELLE GROVE LN

US WEST PALM BEACH, FL 33411

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: THIRAPORN GOSINANONT

09/24/2009

Electronic Signature of Registered Agent

US

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete GOSINANONT, THIRAPORN Name: 260 BELLE GROVE LANE Address: City-St-Zip: ROYAL PALM BEACH, FL 33411

( ) Delete Title: VSD Name: THANEE, DUANGKAMOL 260 BELLE GROVE LANE Address: ROYAL PALM BEACH, FL 33411 City-St-Zip:

Title: (X) Change ( ) Addition GOSINANONT, THIRAPORN Name: 440 BELLE GROVE LANE Address: City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VSD (X) Change ( ) Addition Name: GOSINANONT, KRIANGWIT 440 BELLE GROVE LANE Address: ROYAL PALM BEACH, FL 33411 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: THIRAPORN GOSINANONT PTD 09/24/2009

Electronic Signature of Signing Officer or Director

Date