

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000027865

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

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11328 OKEECHOBEE BLVD  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

440 BELLE GROVE LANE  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

FEI Number: 38-3675642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GOSINANONT, THIRAPORN  
440 BELLE GROVE LN  
ROYAL PALM BEACH, FL 33411 US

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

04/21/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: GOSINANONT, THIRAPORN  
Address: 440 BELLE GROVE LANE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VSD  
Name: GOSINANONT, KRIANGWIT  
Address: 440 BELLE GROVE LANE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby 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 all other like empowered.

SIGNATURE: THIRAPORN GOSINANONT

PTD

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date