

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90026 025 \*\*\*150.00

DOCUMENT # P06000110518

1. Entity Name

~~TANG'S THAI CUISINE, INC.~~

**TANG'S CUISINE inc.**



Principal Place of Business

~~12557 CRAGSIDE LANE  
WINDERMERE, FL 34786~~

**7600 DR. PHILLIPS BLVD. # 4  
ORLANDO, FL 32819**

Mailing Address

~~12557 CRAGSIDE LANE  
WINDERMERE, FL 34786~~



02132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-5487180**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

~~MEDIATRIX, TANA~~

**MEDIATRIX TANG**  
7600 DOCTOR PHILLIPS BLVD  
SUITE #4  
ORLANDO, FL 32819

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ~~MEDIATRIX, TANA~~ **MEDIATRIX TANG**  
STREET ADDRESS 7600 DOCTOR PHILLIPS BLVD SUITE #4  
CITY - ST - ZIP ORLANDO, FL 32819

TITLE  
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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: **Mediatrinx Tang** **MEDIATRIX TANG**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/19/08**

**941-730-5104**