

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                     |                                                                    |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| DOCUMENT # P93000071336                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                                                                     |                                                                    |  |  |
| 1. Entity Name<br>TANGO RESTAURANT MANAGEMENT, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                                                                                     |                                                                    |                                                                                   |  |
| Principal Place of Business<br>3059 GRAND AVE.<br>SUITE 410<br>MIAMI, FL 33133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                     | Mailing Address<br>3059 GRAND AVE.<br>SUITE 410<br>MIAMI, FL 33133 |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | 3. Mailing Address                                                                  |                                                                    |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | Suite, Apt. #, etc.                                                                 |                                                                    |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          | City & State                                                                        |                                                                    |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | Country                                                                             |                                                                    | Zip                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          | Country                                                                             |                                                                    | 01302007    Chg-P    CR2E034 (12/06)                                              |  |
| 4. FEI Number<br>65-0455661                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                                                                     |                                                                    | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                          |                                                                                     |                                                                    | <b>\$8.75</b> Additional<br>Fee Required                                          |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                     | 7. Name and Address of New Registered Agent                        |                                                                                   |  |
| WEISSLER, STEARNS M<br>150 W. FLAGLER ST.<br>SUITE 2200<br>MIAMI, FL 33130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                     | FL    Zip Code                                                     |                                                                                   |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                     |                                                                    |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                    | <b>\$5.00</b> May Be<br>Added to Fees                                             |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11              |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PSD<br>WEISER, BRADLEY A<br>3059 GRAND AVE. SUITE 410<br>MIAMI, FL 33133 |                                                                                     | <input type="checkbox"/> Delete                                    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                     | U00000744518<br>05/15/07-80152-010 150.00                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                                                                                   |  |
| 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: <u>Bradley A Weiser</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                                                                                     |                                                                    |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                                                                                     |                                                                    |                                                                                   |  |