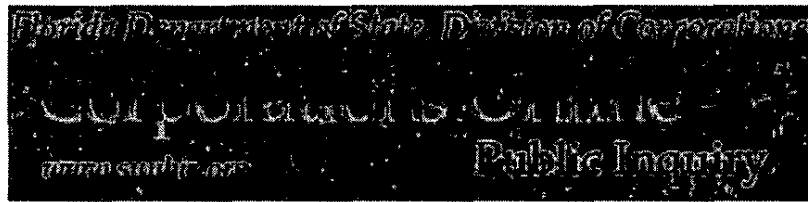


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90041 002 \*\*\*150.00

<b>DOCUMENT # K36013</b> 1. Entity Name <b>A &amp; A RESTAURANTS, INC.</b>					
Principal Place of Business <b>1 WEST PLANT WINTER GARDEN, FL 34787 US</b>			Mailing Address <b>14152 COUNTRY ESTATE DR WINTER GARDEN, FL 34787</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2911991</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GONCALVES, ANTONIO 7 SOUTH DILLARD STREET WINTER GARDEN, FL 32787</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GONCALVES, ANTONIO 1 WEST PLANT ST WINTER GARDEN, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GONCALVES, ALDA 1 WEST PLANT ST WINTER GARDEN, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Antonio Goncalves</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2-2-04</u> <u>407-656-5965</u> <small>Date Daytime Phone #</small>		



54003299

## Florida Profit

## A &amp; A RESTAURANTS, INC.

PRINCIPAL ADDRESS  
1 WEST PLANT  
WINTER GARDEN FL 34787 US  
Changed 05/01/1996

MAILING ADDRESS  
14152 COUNTRY ESTATE DR  
WINTER GARDEN FL 34787  
Changed 12/18/1995

Document Number  
K36013

FEI Number  
592911991

Date Filed  
10/03/1988

State  
FL

Status  
ACTIVE

Effective Date  
NONE

Last Event  
REINSTATEMENT

Event Date Filed  
12/18/1995

Event Effective Date  
NONE

## Registered Agent

Name & Address
GONCALVES, ANTONIO 7 SOUTH DILLARD STREET WINTER GARDEN FL 32787
Name Changed: 10/18/1988
Address Changed: 10/18/1988

## Officer/Director Detail

Name & Address	Title
GONCALVES, ANTONIO 1 WEST PLANT ST WINTER GARDEN FL	DPS
GONCALVES, ALDA 1 WEST PLANT ST WINTER GARDEN FL	DV

## Annual Reports

Report Year	Filed Date
2001	04/16/2001
2002	04/21/2002
2003	04/25/2003