


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K36013**  
 1. Entity Name  
**A & A RESTAURANTS, INC.**



Principal Place of Business      Mailing Address  
 ↑ **WEST PLANT**      **14152 COUNTRY ESTATE DR**  
**WINTER GARDEN, FL 34787 US**      **WINTER GARDEN, FL 34787**

**DO NOT WRITE IN THIS SPACE**



04212005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2911991**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GONCALVES, ANTONIO**  
**7 SOUTH DILLARD STREET**  
**WINTER GARDEN, FL 32787**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GONCALVES, ANTONIO 1 WEST PLANT ST WINTER GARDEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GONCALVES, ALDA 1 WEST PLANT ST WINTER GARDEN, FL
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 04/27/05-80025-013 150.00

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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

SIGNATURE: Antonio Goncalves      4-23-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #