

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

05-23-2007 90028 009 ***150.00

DOCUMENT # P04000030069					
1. Entity Name V & N RESTAURANTS, INC.					
Principal Place of Business 11368 MIRAMAR PARKWAY MIRAMAR, FL 33025 US			Mailing Address 11973 SOUTHWEST 17 COURT MIRAMAR, FL 33025 US		
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	4. FEI Number 55-0859384	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BELLO, NILLY O 11973 SOUTHWEST 17 COURT MIRAMAR, FL 33025			Name UGANDO & ASSOCIATES, INC.		
			Street Address (P.O. Box Number is Not Acceptable)		
			2866 SW 176TH TERRACE		
			City MIRAMAR		FL Zip Code 33029-5557
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 <u>Antonio A Ugando, Pres</u>				DATE <u>04/18/07</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS BELLO, NILLY O 11973 S.W. 17TH COURT MIRAMAR, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: <u>NILLY O. BELLO, PRES</u>			Date <u>04/19/07</u>		Daytime Phone # <u>(954) 437-9244</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					