

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L27762

FILED
Feb 24, 2009
Secretary of State

Entity Name: OLD WORLD RESTAURANT INC.

Current Principal Place of Business:

C/O DUSAN MUNDREAN
P.O. BOX 915
FLORAL CITY, FL 34436

New Principal Place of Business:

C/O DUSAN MUNDREAN
8370 S FLORIDA AVENUE
FLORAL CITY, FL 34436

Current Mailing Address:

C/O DUSAN MUNDREAN
P.O. BOX 915
FLORAL CITY, FL 34436

New Mailing Address:

FEI Number: 59-2978039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNDREAN, DUSAN
8370 SOUTH FLORIDA AVENUE
FLORAL CITY, FL 32636 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MUNDREAN, DUSAN,
Address: 7258 E SAVANNAH CT
City-St-Zip: FLORAL CITY, FL 34436

Title: VSTD () Delete
Name: MUNDREAN, OLIMPIA
Address: 7258 E SAVANNAH CT
City-St-Zip: FLORAL CITY, FL 34436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUSAN MUNDREAN

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date