


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90296 026 ***150.00

DOCUMENT # M91138
 1. Entity Name
 VIOLINES BANQUET HALL, CORP.



| | |
|---|--|
| Principal Place of Business 10550 N.W. 77TH COURT HIALEAH GARDENS, FL 33016 | Mailing Address 10550 NW 77TH CT HIALEAH, FL 33016 |
|---|--|

DO NOT WRITE IN THIS SPACE



04102005 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0082304 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 MOREIRAS, ARLINE
 8220 N.W. 172ND STREET
 MIAMI, FL 33014

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 | PST MOREIRAS, ARLINE 8220 N.W. 172ND STREET MIAMI, FL 33015 |
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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 or like empowered.

SIGNATURE: *Arline Moreiras*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Arline Moreiras 4/16/05 305-825-9310
 Date Daytime Phone #