


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90196 001 ***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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0082304	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORRIRAS, ARLINE 8220 N.W. 172ND STREET MIAMI, FL 33014			Name <u>Arline Moreiras</u> Street Address (P.O. Box Number is Not Acceptable) <u>10550 N.W. 77th Court</u> City <u>Hialeah Gardens</u> FL Zip Code <u>33016</u>		
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>Arline Moreiras Pres.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/16/07</u> <small>DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PST MOREIRAS, ARLINE 8220 N.W. 172ND STREET MIAMI, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Arline Moreiras</u> <u>10550 N.W. 77th Court</u> <u>Hialeah Gardens, FL 33016</u>	<input type="checkbox"/> Change <input type="checkbox"/> 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>Arline Moreiras</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/16/07</u> 305-825-9310 <small>Date and Phone #</small>		