2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000073556

1. Entity Name

VILLÁMAR RESTAURANTS, INC.



FILED Jun 07, 2007 08:00 AM Secretary of State

Principal Place of Business

1050 S.R. 436

CASSELBERRY, FL 32707

Mailing Address

1050 S.R. 436

CASSELBERRY, FL 32707



DO NOT WRITE IN THIS SPACE

05242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3735810

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLAMAR, RICHARD 1050 S.R. 436 CASSELBERRY, FL 32707

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent.	purpose of changing its re-	gistered office or I	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and the	tle if applicable. (NOTE: R	egistered Agent signature	e required when reinstating)	DATE
FILE NOW!!! FEE !S \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIR	ECTORS	1 1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLAMAR, RICHARD 1050 S.R. 436 CASSELBERRY, FL. 32707				U00000766008
TITLE NAME STREET ADDRESS CITY-ST-ZIP					06/07/07-80001-025 150.00
TITLE NAME STREET ADDRESS CITY-SY-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 supplied ental peport is frue 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

5/23/07

941-586-6298

Daytime Phone #