

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000097887

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: VALOR RESTAURANTS, INC.

## Current Principal Place of Business:

1213 N PALM AVE  
SARASOTA, FL 34236

## New Principal Place of Business:

## Current Mailing Address:

1213 N PALM AVE  
SARASOTA, FL 34236

## New Mailing Address:

FEI Number: 02-0642471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COMPTON, JOHN M  
1819 MAIN ST STE 610  
SARASOTA, FL 34236 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: D ( ) Delete  
Name: ZAKARIAN, JOHN  
Address: 1213 N PALM AVE  
City-St-Zip: SARASOTA, FL 34236

Title: VS ( ) Delete  
Name: PERKINS, LORI  
Address: 7008 LENNOX PL.  
City-St-Zip: UNIVERSITY PARK, FL 34201

## 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 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 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: LORI L. PERKINS

VS

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date