

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000098578

1. Entity Name  
VALUE DINING OF POMPANO BEACH, INC.



Principal Place of Business  
7333 CORAL WAY  
MIAMI, FL 33155

Mailing Address  
7333 CORAL WAY  
MIAMI, FL 33155



03262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0213260

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RAZOR, ARTHUR N  
2630 HOLLYWOOD BLVD., SUITE 104  
HOLLYWOOD, FL 33020

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000770762  
07/27/07-80006-002 550.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DAVIDE, ANTHONY  
STREET ADDRESS 7333 CORAL WAY  
CITY - ST - ZIP MIAMI, FL 33155

TITLE S  
NAME DAVID, ANTHONY L  
STREET ADDRESS 7333 CORAL WAY  
CITY - ST - ZIP MIAMI, FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Davide

04/09/07 305-461-0000

Date

Daytime Phone #

Ext 223