

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90062 047 \*\*\*150.00

<b>DOCUMENT # P04000030069</b> 1. Entity Name <b>V &amp; N RESTAURANTS, INC.</b>					
Principal Place of Business <b>14973 S.W. 17TH COURT</b> <b>MIRAMAR, FL 33025</b>			Mailing Address <b>11973 S.W. 17TH COURT</b> <b>MIRAMAR, FL 33025</b>		
2. Principal Place of Business <b>11368 Miramar Parkway</b> Suite, Apt. #, etc.		3. Mailing Address <b>11973 S.W. 17 Ct.</b> Suite, Apt. #, etc.			
City & State <b>Miramar, Florida</b>		City & State <b>Miramar, Florida</b>		4. FEL Number <b>550859384</b>	
Zip <b>33025</b>		Country <b>Beoword</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARCUS ALANKESC.</b> <b>1920 S. DIXIE HIGHWAY, SUITE 1045</b> <b>CORAL GABLES, FL 33146</b>			7. Name and Address of New Registered Agent Name <b>Nilly O. Bello</b> Street Address (P.O. Box Number is Not Acceptable) <b>11973 S.W. 17 Ct.</b> City <b>Miramar</b> <b>FL</b> <b>33025</b>		
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><i>Nilly O. Bello</i></u> <span style="float: right;">5/5/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>BELLO, NILLY O</b> <b>11973 S.W. 17TH COURT</b> <b>MIRAMAR, FL 33025</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>870</del> <b>MUNOZ, ORLAIDA</b> <b>11973 S.W. 17TH COURT</b> <b>MIRAMAR, FL 33025</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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 other like empowered.					
SIGNATURE: <u><i>Nilly O. Bello</i></u> <span style="float: right;">5/5/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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05042005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable