


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2007 8:00 am**  
**Secretary of State**

05-23-2007 90028 009 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                           |                                                                                                   |                                                                                   |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------|
| <b>DOCUMENT # P04000030069</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                      |                           |                                                                                                   |  |                                       |
| <b>1. Entity Name</b><br><b>V &amp; N RESTAURANTS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      |                           |                                                                                                   |                                                                                   |                                       |
| <b>Principal Place of Business</b><br>11368 MIRAMAR PARKWAY<br>MIRAMAR, FL 33025 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                           | <b>Mailing Address</b><br>11973 SOUTHWEST 17 COURT<br>MIRAMAR, FL 33025 US                        |                                                                                   |                                       |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      | <b>3. Mailing Address</b> |                                                                                                   |                                                                                   |                                       |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      | Suite, Apt. #, etc.       |                                                                                                   |                                                                                   |                                       |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      | City & State              |                                                                                                   |                                                                                   |                                       |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                              | Zip                       | Country                                                                                           | <b>4. FEI Number</b><br>55-0859384                                                |                                       |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                      |                           |                                                                                                   | <b>\$8.75 Additional Fee Required</b>                                             |                                       |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                      |                           | <b>7. Name and Address of New Registered Agent</b>                                                |                                                                                   |                                       |
| BELLO, NILLY O<br>11973 SOUTHWEST 17 COURT<br>MIRAMAR, FL 33025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                           | Name<br><b>UGANDO &amp; ASSOCIATES, INC.</b>                                                      |                                                                                   |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                           | Street Address (P.O. Box Number is Not Acceptable)                                                |                                                                                   |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                           | <b>2866 SW 176TH TERRACE</b>                                                                      |                                                                                   |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      |                           | City<br><b>MIRAMAR</b>                                                                            |                                                                                   | FL <b>33029-5557</b>                  |
| <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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                           |                                                                                                   |                                                                                   |                                       |
| SIGNATURE <u>Antonio A Ugando, Pres</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      |                           |                                                                                                   | DATE <u>04/18/07</u>                                                              |                                       |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                           |                                                                                                   |                                                                                   |                                       |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                           | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                   |                                       |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                      |                                                                                   |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PDTS<br>BELLO, NILLY O<br>11973 S.W. 17TH COURT<br>MIRAMAR, FL 33025 |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                      |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                      |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                      |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                      |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                      |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                       |
| <b>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.</b> |                                                                      |                           |                                                                                                   |                                                                                   |                                       |
| <b>SIGNATURE:</b> <u>NILLY O. BELLO, PRES</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                           | Date <u>04/19/07</u>                                                                              |                                                                                   | Daytime Phone # <u>(954) 437-9244</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                           |                                                                                                   |                                                                                   |                                       |