## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000098622

Entity Name: V.I.P. RESTAURANT CORP.

FILED Jan 11, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 160 S.W. 12TH AVE., STE. 101B 100 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442 SUITE 25 & 26 DEERFIELD BEACH, FL 33442 **Current Mailing Address:** New Mailing Address: 160 S.W. 12TH AVE., STE. 101B P.O. BOX 4485 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 FEI Number: 83-0400228 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WERKSMAN, ALAN J 160 S.W. 12TH AVE., STE. 101B DEERFIELD BEACH, FL 33442 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition WERKSMAN, ALAN J BROWN, VERNON A Name: Name: P.O. BOX 4485 160 S.W. 12TH AVE., STE. 101B Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: DEERFIELD BEACH, FL 33442 Title: () Delete Title: D/VP ( ) Change (X) Addition Name: Name: PASSLEY, MICHAEL M P.O. BOX 4485 Address: Address: DEERFIELD BEACH, FL 33442 City-St-Zip: City-St-Zip: Title: Title: () Delete ( ) Change (X) Addition PASSLEY, MICHAEL M Name: Name: P.O. BOX 4485 Address Address: City-St-Zip: City-St-Zip: DEERFIELD BEACH, FL 33442 Title: () Delete Title: ( ) Change (X) Addition BROWN, VERNON A Name: Name: Address: Address: P.O. BOX 4485 City-St-Zip: City-St-Zip: DEERFIELD BEACH, FL 33442

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: VERNON A. BROWN D/P 01/11/2005