


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90095 033 ***150.00

DOCUMENT # P05000141911

1. Entity Name
VR & VR RESTAURANTS CORPORATION



Principal Place of Business
**1812 BAGUETTE COURT
 KISSIMMEE, FL 34743**

Mailing Address
**1812 BAGUETTE COURT
 KISSIMMEE, FL 34743**

2. Principal Place of Business
2947 Unweland Rd.

3. Mailing Address


Suite, Apt. #, etc.

City & State
Kissimmee FL

City & State

Zip
34746 Country
USA

02282006 Chg-P CR2E034 (11/05)



4. FEI Number
22-3917377

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name **Angela Rivera**

Street Address (P.O. Box Number is Not Acceptable)
1812 Baguette Ct.

City **Kissimmee** State **FL** Zip Code **34743**

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 **Angela Rivera** DATE **2-27-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERA, VICTOR			NAME			
STREET ADDRESS	1812 BAGUETTE COURT			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34743			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERA, VICTOR O			NAME			
STREET ADDRESS	1812 BAGUETTE COURT			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34743			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERA, ANGELA			NAME			
STREET ADDRESS	1812 BAGUETTE COURT			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34743			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERA, DAMARIS			NAME			
STREET ADDRESS	1812 BAGUETTE COURT			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 34743			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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

Date Daytime Phone #