

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000141911

FILED
Apr 01, 2008
Secretary of State

Entity Name: VR & VR RESTAURANTS CORPORATION

Current Principal Place of Business:

2947 VINELAND RD
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

1812 BAGUETTE COURT
KISSIMMEE, FL 34743

New Mailing Address:

2947 VINELAND RD
KISSIMMEE, FL 34746

FEI Number: 22-3917377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, ANGELA
1812 BAGUETTE CT
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: RIVERA, VICTOR
Address: 1812 BAGUETTE COURT
City-St-Zip: KISSIMMEE, FL 34743

Title: VD () Delete
Name: RIVERA, VICTOR O
Address: 1812 BAGUETTE COURT
City-St-Zip: KISSIMMEE, FL 34743

Title: S () Delete
Name: RIVERA, ANGELA
Address: 1812 BAGUETTE COURT
City-St-Zip: KISSIMMEE, FL 34743

Title: T () Delete
Name: RIVERA, DAMARIS
Address: 1812 BAGUETTE COURT
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANGELA M RIVERA

S

04/01/2008

Electronic Signature of Signing Officer or Director

_____ Date