

2006 FOR PROFIT CORPORATION ANNUAL REPORT

2/13

FILED
Mar 13, 2006 8:00 am
Secretary of State

02-13-2006 90035 002 ***150.00

DOCUMENT # P05000159206 1. Entity Name D AND F RESTAURANT, INC.					
Principal Place of Business 1583 SILVER STAR ROAD 312 OCOE, FL 34761			Mailing Address 1583 SILVER STAR ROAD 312 OCOE, FL 34761		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
01282008 Chg-P CR2E034 (11/05)			4. FEI Number 20-3885789		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent RUPERTO, FRANCISCO JR. 1583 SILVER STAR ROAD 312 OCOE, FL 34761				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>Francisco Jr.</i></u> DATE: <u>3/1/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUPERTO, FRANCISCO JR. 1583 SILVER STAR ROAD, SUITE 312 OCOE, FL 34761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGH, MANIRAM 1583 SILVER STAR ROAD, SUITE 312 OCOE, FL 34761	<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 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: <u><i>Francisco Jr.</i></u> DATE: <u>3/1/06</u> <small>Signature and typed or printed name of signing officer or director</small>		

6600400J





ATTACHMENT
66004685

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

D AND F RESTAURANT, INC.
1583 SILVER STAR ROAD
312
OCOE, FL 34761

Subject: **D AND F RESTAURANT, INC.**

Reference Number: **P05000159206**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION