

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90077 047 \*\*\*150.00

**DOCUMENT # P05000162997**

1. Entity Name  
**VIOLET RESTAURANT CORP.**



Principal Place of Business

**8491 CLYNDERVEN RD  
BURR RIDGE, IL 60527**

Mailing Address

**8491 CLYNDERVEN RD  
BURR RIDGE, IL 60527**

2. Principal Place of Business - No P.O. Box #

**2670 CREIGHTON RD**

3. Mailing Address

Suite, Apt. #, etc.

**PENSACOLA, FL**

Suite, Apt. #, etc.

City & State

Zip

**32504**

Country

**USA**

Zip

Country

01262007

Chg-P

CR2E034 (12/06)

4. FEI Number

**61-1497480**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHAH SERVICES, LLC  
4837 POND RIDGE DRIVE  
RIVERVIEW, FL 33569**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
BECKERMAN, DAWN  
8491 CLYNDERVEN RD  
BURR RIDGE, IL 60527** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
ANDERSEN, MARK  
8491 CLYNDERVEN RD  
BURR RIDGE, IL 60527** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T/D  
BECKERMAN, MICHAEL A  
8491 CLYNDERVEN RD  
BURR RIDGE, IL 60527** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Dawn Beckerman, President Violet Restaurant Corp*