

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90047 022 ***150.00

DOCUMENT # P06000127828

1. Entity Name
VINNIE'S BACKYARD BBQ, INC.



Principal Place of Business
**1820 ESPANOLA DRIVE
COCONUT GROVE, FL 33133**

Mailing Address
**1820 ESPANOLA DRIVE
COCONUT GROVE, FL 33133**



2. Principal Place of Business - No P.O. Box #
1820 ESPANOLA DR.

3. Mailing Address
1820 ESPANOLA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-P CR2E034 (12/06)

City & State
COCONUT GROVE, FL

City & State
COCONUT GROVE, FL

4. FEI Number ☒ Applied For
Not Applicable

Zip
33133

Country
USA

Zip
33133

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYHURST, PATRICIA I. SHOULD BE I.
1820 ESPANOLA DRIVE
COCONUT GROVE, FL 33133

Name
PATRICIA I. HAYHURST

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

1820 ESPANOLA DR.

City
COCONUT GROVE

FL

Zip Code
33133

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 **P. Hayhurst**

1-3-07

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

(NOTE: Registered Agent signature required when resetting)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROMANO, VINNIE
1820 ESPANOLA DRIVE
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D, PRESIDENT
ROMANO, VINNIE JAMES** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P. HAYHURST, PATRICIA I. ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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: **P. Hayhurst**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-07 305-957-0222

Date

Daytime Phone #