

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000129212

Entity Name: IT'S DINNERTIME, INC.

FILED  
Apr 10, 2007  
Secretary of State

**Current Principal Place of Business:**

13445 SW 104 TERRACE  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

13445 SW 104 TERRACE  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 20-5698394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DE LA TORRE, TARABOULOS & CO.  
9400 S. DADELAND BLVD.  
SUITE 601  
MIAMI, FL 33156 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: P ( ) Delete  
Name: REYES, TAMARA  
Address: 13445 SW 104 TERRACE  
City-St-Zip: MIAMI, FL 33186

Title: VP ( ) Delete  
Name: PORTER, KELLI  
Address: 10525 SW 109 STREET  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: TAMARA REYES

P

04/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date