

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000116784

FILED  
Feb 25, 2008  
Secretary of State

Entity Name: V & G CARRIBBEAN TAKE OUT INC

**Current Principal Place of Business:**

3936 PEMBROKE RD  
PEMBROKE PK, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

6764 AZALEA DR  
MIRAMAR, FL 33023

**New Mailing Address:**

FEI Number: 41-2241321      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CAMPBELL, VANEITA  
6764 AZALEA DR  
MIRAMAR, FL 33023      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: CAMPBELL, VANEITA  
Address: 6764 AZALEA DR  
City-St-Zip: MIRAMAR, FL 33023

Title: VP ( ) Delete  
Name: CAMPBELL, GOSSETT  
Address: 6764 AZALEA DR  
City-St-Zip: MIRAMAR, FL 33023

**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 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: VANEITA CAMPBELL

P

02/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date