
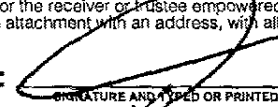


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000022691 1. Entity Name VALUE DINING INCORPORATED		
Principal Place of Business 7333 CORAL WAY MIAMI, FL 33155	Mailing Address 7333 CORAL WAY MIAMI, FL 33155	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WORLD DINING CORPORATION 7333 CORAL WAY MIAMI, FL 33155		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 07/27/07-80006-005 550.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVID, ANTHONY L 7333 CORAL WAY MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIDE, ANTHONY L 7333 CORAL WAY MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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:  Anthony Davide 4/5/07 305-461-0000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0737920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

Daytime Phone # **Ext: 223**