## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Apr 30, 2008 08:00 AM Secretary of State

ANNOAL REPORT								
DOCUMENT # P9700 1. Entity Name VALUE DINING INCORPORA								
Principal Place of Business	Mailing Address							
7333 CORAL WAY	7333 CORAL WAY							
MIAMI, FL 33155	MIAMI, FL 33155							

Principal Place 7333 CORAL MIAMI, FL 3	ce of Business L WAY 33155	Mailing Address 7333 CORAL WAY MIAMI, FL 33155		-    - 	<b>.</b> (211) (2011) 401)) 601) 621); 6	II   II   II   II   II   II   II   II	11    BARRI    11   BR
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DO NOT WRITE IN THIS SPAC				01282008 No Chg-P CR2E034 (11/05)			
			/CE	4. FEI Number Applied For			
			* *	<del>   </del>			Not Applicable
	ar e e	_ :	·	5. Certificate	of Status Desired	Fee Requ	
	6. Name and Address of Current Re	gistered Agent			, , , , , , , , , , , , , , , , , , , ,	······································	: ;
WORLD DINING CORPORATION 7333 CORAL WAY MIAMI, FL 33155		DO NOT WRITE IN THIS SPACE					
the obliga	e named entity submits this statement for th tions of registered agent.	e purpose of changing its regist	ered office or register	red agent, or bot	th, in the State of Florid	da. I am familiar wi	th, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	itle if applicable (NOTE, Regist	lared Agent signatura required	d when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fir Trust Fund Contribution	nancing \$5 In	.00 May Be led to Fees	Honöbá	Q101Co	
10.	OFFICERS AND DIF	RECTORS			05/23/08-	80047-023,	150.00
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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 path; 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: \_\_

NAME OF SIGNING OFFICER OR DIRECTOR

(305)461-0000 4 223