2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 08, 2004 08:00 AM Secretary of State **DOCUMENT # P98000033249** 1. Entity Name VALUE DINING MANAGEMENT, INC. Principal Place of Business Mailing Address 7333 CORAL WAY 7333 CORAL WAY MIAMI, FL 33155 MIAMI, FL 33155 01152004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 65-0844663 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WORLD DINING CORP DO NOT WRITE 7333 CORAL WAY MIAMI, FL 33155 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, typed or printed name of registered agent and title if applicable. (14OTE Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.88 Trust Fund Contribution. Added to Fees U00000106971 ′Õ8⁄ÕÃ Ö8SSÓ OLL 150.00 OFFICERS AND DIRECTORS 10. DCEO TITLE NAME DAVIDE, ANTHONY L 7333 CORAL WAY 223800A 333832 MIAMI, FL 33155 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE RITE NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied the tris filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental apply is little and accurate and that my signature shall have the same legal effect as it made under eath, that I am an officer or director of the corporation or the receiver or trustee employed do 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 ad

SIGNATURE: __

TETTE MARKE STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYP PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED