


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P98000093663 1. Entity Name VALUE DINING OF PEMBROKE PINES, INC.	
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Principal Place of Business 7333 CORAL WAY MIAMI, FL 33155	Mailing Address 7333 CORAL WAY MIAMI, FL 33155
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03262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0886951	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WORLD DINING CORPORATION 7333 CORAL WAY MIAMI, FL 33155
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**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000770764
07/27/07-80006-004 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO DAVIDE, ANTHONY L 7333 CORAL WAY MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DAVIDE, ANTHONY L 7333 CORD WAY MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Davide

04/09/07 305-461-0000

Date

Daytime Phone #

Ext. 223