

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 JUL 24 PM 1:27

CLERK OF THE STATE  
TALLAHASSEE, FLORIDA



07202006 Chg-P CR2E034 (11/05) 06

<b>DOCUMENT # 821289</b> 1. Entity Name <b>RESTAURANT ASSOCIATES INDUSTRIES INC</b>					
Principal Place of Business <b>% RESTAURANT ASSOCIATES 120 WEST 45TH ST. NEW YORK, NY 10036</b>			Mailing Address <b>C/O TAX DEPT 2400 YORKMONT RD. CHARLOTTE, NC 28217</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>13-2624705</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301</b>			Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> City <b>Plantation</b> FL Zip Code <b>33324</b>		
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;">           SIGNATURE <u>Connie Bryan</u>  <small>Signature, typed or printed name of registered agent, and side if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>CONNIE BRYAN</b>  <b>SPECIAL ASSISTANT</b>  <small>(NOTE: Registered Agent Signature Required When Reinstating)</small> </div> <div style="width: 20%; text-align: right;">           DATE <u>7/24/2006</u> </div> </div>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS JONES, LAURENCE 120 WEST 45TH STREET NEW YORK, NY 10036</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400078066604</b> <b>07/27/06--01047--017 **\$50.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS DELANO, DEBORAH 2400 YORKMONT RD. CHARLOTTE, NC 28217</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FORREST, JOHN 38 NORFOLK AVE MAPLEWOOD, NJ 07040</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS ROSSITCH, RICHARD J 2400 YORKMONT RD. CHARLOTTE, NC 28217</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS THARINGTON, NICOLE 2400 YORKMONT RD. CHARLOTTE, NC 28217</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SVP C. Phillip Wells 2400 Yorkmont Road Charlotte NC 28217</b>	
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: <u>Richard J. Rossiter</u> <u>Arish Secretary</u> <u>7/20/06</u> <u>7043284000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					