

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90096 033 ***550.00

DOCUMENT # 811584

1. Entity Name
RESTAURA, INC.



Principal Place of Business
1101 MARKET ST
PHILADELPHIA, PA 19107

Mailing Address
1101 MARKET ST
PHILADELPHIA, PA 19107

DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
38-1206635

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ECHN, IRA
STREET ADDRESS 1101 MARKET STREET
CITY-ST-ZIP PHILADELPHIA, PA 19107

TITLE DT
NAME HOLLAND, CHRISTOPHER
STREET ADDRESS 1101 MARKET STREET
CITY-ST-ZIP PHILADELPHIA, PA 19107

TITLE D
NAME SUTHERLAND, FREDERICK L
STREET ADDRESS 1101 MARKET STREET
CITY-ST-ZIP PHILADELPHIA, PA 19107

TITLE VP
NAME MARINO, ALEXANDER P
STREET ADDRESS 1101 MARKET STREET
CITY-ST-ZIP PHILADELPHIA, PA 19107

TITLE S
NAME TIMMINS, MEGAN
STREET ADDRESS 1101 MARKET STREET
CITY-ST-ZIP PHILADELPHIA, PA 19107

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

ALEXANDER P. MARINO, RICE PRESIDENT

4/30/06

Date

215-238-3000

Daytime Phone #