

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90006 035 ***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



04292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-1206635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHN, IRA 1101 MARKET STREET PHILADELPHIA, PA 19107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOLLAND, CHRISTOPHER 1101 MARKET STREET PHILADELPHIA, PA 19107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTHERLAND, FREDERICK L 1101 MARKET STREET PHILADELPHIA, PA 19107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARINO, ALEXANDER P 1101 MARKET STREET PHILADELPHIA, PA 19107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIMMINS, MEGAN 1101 MARKET STREET 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

4/30/2007 215-238-3000
Date Daytime Phone #

ALEXANDER P MARINO, VICE PRESIDENT