


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State


02-12-2004 90014 020 ***150.00

DOCUMENT # F03000002728	
1. Entity Name RESTAURANT VENTURES NORTHWEST, INC.	

Principal Place of Business 3650 - 131ST AVENUE S.E., STE. 320 BELLEVUE, WA 98006	Mailing Address 22500 SE 64TH PLACE SUITE 120 ISSAQUAH, WA 98027
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44011031

2. Principal Place of Business 22500 SE 64th Place	3. Mailing Address
Suite, Apt. #, etc. Suite 120	Suite, Apt. #, etc.
City & State Issaquah, WA	City & State
Zip 98027	Country USA

	
02052004	Chg-P CR2E034 (10/03)
4. FEI Number 87-0697712	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

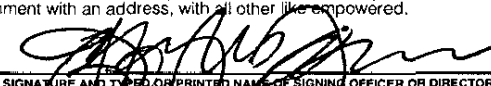
6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP JONES, CLIFFORD L 410 MARKET STREET KIRKLAND, WA 98033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JONES, CLIFFORD L (SAME) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP JONES, JEFFREY K 20429 N.E. 31ST STREET SAMMAMISH, WA 98074 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S JONES, JEFFREY K (SAME) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEICH, RAYMOND M 1304 DESOTO AVENUE, #104 TAMPA, FL 33606 <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	D JOHNSON, KATHRYN M 1857 E. 10300 S. SANDY, UT 84092 <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	D LESUEUR, JULIE M 21521 BLUEJAY TRABUCCO CANYON, CA 92679 <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	S JONES, JEFFREY K 20429 N.E. 31ST STREET SAMMAMISH, WA 9074 <input checked="" type="checkbox"/> Delete <i>included above</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: 	Jeffrey K. Jones 2/9/04 425-557-7111 Date Daytime Phone #