


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000001825		
1. Entity Name TRIARC INTERNATIONAL, INC.		
Principal Place of Business 68 SOUTHFIELD AVE #280 STAMFORD, CT 06902	Mailing Address 215 CELEBRATION PLACE, STE 500 CELEBRATION, FL 34747	



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3617926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR, STE 4 WESTON, FL 33331
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	P KATZ, MELVIN 68 SOUTHFIELD AVE, #280 STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUTHERAN, J. RANDY 215 CELEBRATION PLACE, STE 500 CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATZ, RHODA 68 SOUTHFIELD AVE #280 STAMFORD, CT 06902
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05/05/06-80086-003 150.00

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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: J. Randy Lutheran Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR