

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F95000004585**

1. Entity Name

RESTAURANT REENGINEERING SERVICES &  
TECHNOLOGIES, INC.



Principal Place of Business

2705 NW 104 AVENUE  
SUITE 207  
SUNRISE, FL 33322 US

Mailing Address

2113 LOCH HAVEN DR.  
PLANO, TX 75023-5233 US



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0605306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEVINE, RICHARD  
2705 NW 104 AVENUE  
SUITE 207  
SUNRISE, FL 33322

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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  
PCVS  
LEVINE, RICHARD  
2705 104TH AVE #207  
SUNRISE, FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
LEVINE, RICHARD  
2705 NW 104TH AVE #207  
SUNRISE, FL 33322

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
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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

FEB 19, 2008

Date

9726798012

Daytime Phone