2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006650

GARCIA, JUAN

MIAMI, FL

8685 NW 53RD TERRACE

Name:

Address:

City-St-Zip:

Entity Name: RUDY'S RESTAURANT GROUP, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8685 NW 53RD TERRACE SUITE 201 MIAMI, FL 33166 **New Mailing Address: Current Mailing Address:** 8685 NW 53RD TERRACE SUITE 201 MIAMI, FL 33166 US FEI Number: 88-0210808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BENIHANA INC** 8685 NW 53RD TERRACE MIAMI, FL 33166 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SCHWARTZ, JOEL SCHWARTZ, JOEL CEO/D Name: Name: 8685 NW 53RD TERRACE 8685 NW 53RD TERRACE Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL Title: VPD Title: (X) Change () Addition () Delete YOSHIMOTO, TAKA YOSHIMOTO, TAKA VP/D Name: Name: 8685 NW 53RD TERRACE 8685 NW 53RD TERRACE Address: Address: MIAMI, FL City-St-Zip: MIAMI, FL City-St-Zip: VPD Title: Title: (X) Delete () Change () Addition BURRIS, MICHAEL Name: Name: 8685 NW 53RD TERRACE Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

GARCIA, JUAN PRES

MIAMI, FL

8685 NW 53RD TERRACE

SIGNATURE: JUAN C. GARCIA **PRES** 04/24/2008