

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90089 039 ***150.00

DOCUMENT # K45167

1. Entity Name
RESTAURANT HOLDINGS, INC.



Principal Place of Business

**900 E ATLANTIC AVE
12
DELRAY BEACH, FL 33483**

Mailing Address

**900 E ATLANTIC AVE
12
DELRAY BEACH, FL 33483 US**

40002786



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0087826

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PERRY, MARK A
50 SE 4TH AVENUE
DELRAY BEACH, FL 33483**

**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 PD
NAME THERIEN, JOHN
STREET ADDRESS 900 E ATLANTIC AVE, # 12
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE VPTD
NAME THERIEN, LUKE
STREET ADDRESS 900 E ATLANTIC AVE, # 12
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE VPSD
NAME THERIEN, GILLES
STREET ADDRESS 900 E ATLANTIC AVE, # 12
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE VPD
NAME Therien, Claire
STREET ADDRESS 900 E. Atlantic Ave. #12
CITY-ST-ZIP Delray Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

1-10-07

561-278-0366