# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 18, 2008**
**Secretary of State**

DOCUMENT# K45167

**Entity Name:** RESTAURANT HOLDINGS, INC.

**Current Principal Place of Business:**

900 E ATLANTIC AVE
# 12
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 65-0087826** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete
Name: THERIEN, JOHN
Address: 900 E ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPTD ( ) Delete
Name: THERIEN, LUKE
Address: 900 E ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPSD ( ) Delete
Name: THERIEN, GILLES
Address: 900 E ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPD (X) Delete
Name: THERIEN, CLAIRE
Address: 900 E. ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: THERIEN, JOHN
Address: 900 E ATLANTIC AVE #12
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPTD (X) Change ( ) Addition
Name: THERIEN, LUKE
Address: 900 E ATLANTIC AVE #12
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPSD (X) Change ( ) Addition
Name: THERIEN, GILLES
Address: 900 E ATLANTIC AVE #12
City-St-Zip: DELRAY BEACH, FL 33483

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LUKE THERIEN VPTD 02/18/2008

Electronic Signature of Signing Officer or Director Date