2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State DOCUMENT # P01000024190 03-12-2004 90010 029 ***158.75 R & R RESTAURANTS, INC. Mailing Address Principal Place of Business 4201 W HILLSBOROUGH BLVD 4201 W HILLSBOROUGH BLVD ひまひよし チャマ COCONUT CREEK, FL 33063 COCONUT CREEK, FL 33063 2. Principat Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212004 Chg-P Applied For 4. FEI Number City & State City & State 65-1151034 Not Applicable Country \$8.75 Additional Zin Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STALTER, WENDY BARONE, RAPHAEL JR. Street Address (P.O. Box Number is Not Acceptable) **5636 NW 64TH TERR** CORAL GABLES, FL 33067 4508 Carambola Circle South City Zin Code 6 Coconut Creek 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. 20-04 SIGNATURE WEND (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be > 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees_ -Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE **X** Delete TITLE NAME BARONE, RAPHAEL JR. NAME STALTER, WENDY 536 NW 64TH AVE STREET ADDRESS STREET ADDRESS 4508 Carambola Circle South Coconut Creek, FL 33066 CITY-ST-ZIP CORAL GABLES, FL 33067 CITY-ST-ZIP ☐ Addition XX Delete TITLE STARTER, WENDY NAME NAME STALTER, WENDY 4508 Carambola Circle South 4508 CARAMBOLA CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP COCONUT CREEK, FL Coconut Creek FL 33066 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition -- Delete ---- -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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. (Wendy Stalter) 01/20/04 954-426-2664 Date Daytime Phone

FILED

Mar 12, 2004 8:00 am