


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # P01000111793
 1. Entity Name
 RESTAURANT CORPORATION OF AMERICA, INC.



Principal Place of Business 1575 N.W. 14TH STREET MIAMI, FL 33125	Mailing Address 1575 N.W. 14TH STREET MIAMI, FL 33125
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DO NOT WRITE IN THIS SPACE



02182005 No Chg-P CR2E034 (10/03)

4. FCI Number 65-1008871	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

AABA, AARON
1575 N.W. 14TH STREET
MIAMI, FL 33125

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 filer (applicable) (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000241174
02/24/05-80033-016 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AABA, AARON 1575 N.W. 14TH STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V P CHAYKIN, CRAIG A V P 1575 N.W. 14 STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: AARON AABA 2/24/05 305-321-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Day: *6 Pric. 8