


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 1575 N.W. 14TH STREET 1575 N.W. 14TH STREET
 MIAMI, FL 33125 MIAMI, FL 33125



04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-1008871 Not Applicable

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: AARON AABA [Signature] 4-5-06
Signature, typed or printed name of registered agent and fee if applicable (Not for Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000503033
 04/26/06-80017-006 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AABA, AARON
STREET ADDRESS	1575 N.W. 14TH STREET
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	VP
NAME	CHAYKIN, CRAIG A VP
STREET ADDRESS	1575 N.W. 14 STREET
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: AARON AABA [Signature] 4-5-06 305-321-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #