

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # P01000111793</b>	
1. Entity Name <b>RESTAURANT CORPORATION OF AMERICA, INC.</b>	



Principal Place of Business <b>1575 N.W. 14TH STREET MIAMI, FL 33125</b>	Mailing Address <b>1575 N.W. 14TH STREET MIAMI, FL 33125</b>
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04052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1008871</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 title 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 <b>D</b>	NAME <b>AABA, AARON</b>
STREET ADDRESS <b>1575 N.W. 14TH STREET</b>	
CITY-ST-ZIP <b>MIAMI, FL 33125</b>	
TITLE <b>V P</b>	NAME <b>CHAYKIN, CRAIG A V P</b>
STREET ADDRESS <b>1575 N.W. 14 STREET</b>	
CITY-ST-ZIP <b>MIAMI, FL 33125</b>	
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 #