2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051260

DUARTE, IXCHELL

450 S. ORANGE AVENUE

ORLANDO, FL 328013336

Name:

Address:

City-St-Zip:

Entity Name: CNL RESTAURANT SERVICES, INC.

FILED Apr 07, 2005 Secretary of State

•		,, ,,, ,,, ,, ,, ,, ,, ,,			
Current Principal Place of Business:			New Principal	New Principal Place of Business:	
450 S. ORANGE AVENUE ORLANDO, FL 328013336					
Current Mailing Address:			New Mailing A	New Mailing Address:	
POST OFFICE BOX 4920 ORLANDO, FL 328024920				450 S. ORANGE AVE ORLANDO, FL 328013336	
FEI Number:	20-0909675	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
SCARCELLI, LINDA A 450 S. ORANGE AVENUE ORLANDO, FL 328013336 US			450 S. ORÁNGI	GOOLJAR, DEVI M 450 S. ORANGE AVENUE ORLANDO, FL 328013336 US	
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.					
SIGNATUR	RE: DEVIN	1. GOOLJAR		04/07/2005	
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS	AND DIR	ECTORS:	ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	450 S. ORA	() Delete ORD, STEVEN D NGE AVENUE FL 328013336	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title	D	() Doloto	Title: D	(Y) Change () Addition	

Name:

Address:

City-St-Zip:

DUARTE, IXCHELL C

450 S. ORANGE AVENUE

ORLANDO, FL 328013336

Title: Title: (X) Change () Addition () Delete Name: STEINBERGER, RICK Name: STEINBERGER, MARTIN E 450 S. ORANGE AVENUE Address: 450 S. ORANGE AVENUE Address: City-St-Zip: ORLANDO, FL 328013336 City-St-Zip: ORLANDO, FL 328013336

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVEN D. SHACKELFORD D 04/07/2005