

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39240

Entity Name: RESTAURANT SERVICES, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

TWO ALHAMBRA PLAZA
500
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

TWO ALHAMBRA PLAZA
500
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0308534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BURNS, MICHAEL
Address: TWO ALHAMBRA PLAZA, STE. 500
City-St-Zip: MIAMI, FL 33134

Title: VP () Delete
Name: HOFFMAN, GEORGE
Address: TWO ALHAMBRA PLAZA, STE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: PATTISON, STEVE
Address: TWO ALHAMBRA PLAZA, STE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: MENNINGER, ANTHONY
Address: 2 ALHAMBRA PLAZA STE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: ROMERO, ELSIE
Address: 2 ALHAMBRA PLAZA STE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: DALY, CHRIS
Address: 2 ALHAMBRA PLAZA STE 500
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DEBBIE PHILLIPS

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date