## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P39240

Feb 18, 2011 Secretary of State

Entity Name: RESTAURANT SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

TWO ALHAMBRA PLAZA

500

CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

TWO ALHAMBRA PLAZA

500

CORAL GABLES, FL 33134 US

FEI Number: 65-0308534 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

SIGNATURE:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: VF

Name: BURNS, MICHAEL

Address: TWO ALHAMBRA PLAZA, STE. 500 City-St-Zip: CORAL GABLES, FL 33134

Title: CEO

Name: HOFFMAN, GEORGE

Address: TWO ALHAMBRA PLAZA, STE 500 City-St-Zip: CORAL GABLES, FL 33134

Title: CFO

Name: PATTISON, STEVE

Address: TWO ALHAMBRA PLAZA, STE 500 City-St-Zip: CORAL GABLES, FL 33134

Title: VP

Name: MENNINGER, ANTHONY
Address: 2 ALHAMBRA PLAZA STE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: CAO

Name: ROMERO, ELSIE

Address: 2 ALHAMBRA PLAZA STE 500 City-St-Zip: CORAL GABLES, FL 33134

Title: CIO

Name: DALY, CHRIS

Address: 2 ALHAMBRA PLAZA STE 500 City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: ROCHELLE M. TRAFTON ASEC 02/18/2011