


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90162 003 ***150.00

DOCUMENT # P94000031653 1. Entity Name RESTAURANT REAL ESTATE MANAGEMENT CORPORATION	
---	---

Principal Place of Business 1601 BELVEDERE RD SUITE 407 SOUTH WEST PALM BEACH, FL 33406	Mailing Address 1601 BELVEDERE RD SUITE 407 SOUTH WEST PALM BEACH, FL 33406
---	---

DO NOT WRITE IN THIS SPACE



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0486285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAPES, PAUL
1601 BELVEDERE RD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD METZ, JOHN L. 8008 SOUTH FLAGLER COURT W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDS MEYER, ARTHUR 1601 BELVEDERE ROAD, #407, S WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASARCH, GAIL 1601 BELVEDERE ROAD #407 S WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAPES, PAUL 1601 BELVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEYER, SYDELLE 1601 BELVEDERE RD, STE 407 S WEST PALM BEACH, FL 33406
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-06

561-684-2101