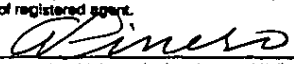


FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90018 021 ***158.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000038581		
1. Entity Name INTERNATIONAL RESTAURANT SERVICES, CORP.		
Principal Place of Business 5655 SHEFFIELD PL. MELBOURNE, FL 32940		Mailing Address 5655 SHEFFIELD PL. MELBOURNE, FL 32940 US
DO NOT WRITE IN THIS SPACE		
		40049280 
		01082007 No Chg-P CR2E034 (11/05)
4. FEI Number 58-3247884		Applied For Not Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PINERO, ANTONIO 5655 SHEFFIELD PL. MELBOURNE, FL 32940		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:  3-29-7 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, 2007 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	P PINERO PINERO, ANTONIO 5655 SHEFFIELD PL. MELBOURNE, FL 32940	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PINERO, NITIN 5655 SHEFFIELD PL. MELBOURNE, FL 32940	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  3-14-7 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #