

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000022093

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: RESTAURANT CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

5 ISLA BAHIA DRIVE  
FORT LAUDERDALE, FL 33316 US

**New Principal Place of Business:**

**Current Mailing Address:**

6135 TRUST DRIVE - SUITE 115  
HOLLAND, OH 43528 US

**New Mailing Address:**

FEI Number: 65-0568951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: PD ( ) Delete  
Name: BENNETT, ROBERT G  
Address: 5 ISLA BAHIA DRIVE  
City-St-Zip: FT. LAUDERDALE, FL

Title: T ( ) Delete  
Name: MOULIN, PATRICK T  
Address: 6135 TRUST DRIVE - STE 115  
City-St-Zip: HOLLAND, OH 43528

Title: VP ( ) Delete  
Name: SWAFFORD, JEFFREY S  
Address: 6135 TRUST DRIVE - STE 115  
City-St-Zip: HOLLAND, OH 43528

**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:

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: PATRICK T. MOULIN

T

03/25/2009

Electronic Signature of Signing Officer or Director

Date