


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S53907**

1. Entity Name  
**RESTAURANT BEVERAGE SERVICE, INC.**



Principal Place of Business <b>20219 NE 15 COURT MIAMI, FL 33179 US</b>	Mailing Address <b>20219 NE 15 COURT MIAMI, FL 33179 US</b>
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04142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0271986</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**JACOBWITZ, MELVIN J  
11900 BISCAYNE BLVD  
STE 720  
MIAMI, FL 33181**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$330.00**

9. Election Campaign Financing  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>OSTROFF, JEFFRY P. 20340 NE 21 AVE. MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <b>OSTROFF, JANET 20340 NE 21 AVE MIAMI, FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/06-80215-021 150.00

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 an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **4/14/06 305-654-8683**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #