

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K45167

**Entity Name:** RESTAURANT HOLDINGS, INC.

**Current Principal Place of Business:**

900 E ATLANTIC AVE  
# 12  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

900 E ATLANTIC AVE  
# 12  
DELRAY BEACH, FL 33483

**FEI Number:** 65-0087826

**Certificate of Status Desired:** No

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

SCHONE, LARRY T  
151 N.W. FIRST AVENUE  
DELRAY BEACH, FL 33444 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

**Officer/Director Detail :**

Title PD  
Name THERIEN, JOHN  
Address 900 E ATLANTIC AVE #12  
City-State-Zip: DELRAY BEACH FL 33483

Title VPTD  
Name THERIEN, LUKE  
Address 900 E ATLANTIC AVE #12  
City-State-Zip: DELRAY BEACH FL 33483

Title VPSD  
Name THERIEN, GILLES  
Address 900 E ATLANTIC AVE #12  
City-State-Zip: DELRAY BEACH FL 33483

*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:** LUKE THERIEN

VPTD

03/17/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date