

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S13656

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

**Current Principal Place of Business:**

1016 EAST SEMORAN BLVD  
CASSELBERRY, FL 32751

**Current Mailing Address:**

1016 EAST SEMORAN BLVD  
CASSELBERRY, FL 32751

**FEI Number:** 59-3038859

**Certificate of Status Desired:** No

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

ALDERS, SUSAN  
105 OAKLEIGH DR  
MAITLAND, FL 32751 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 PVST  
Name ALDERS, BLAKE C  
Address 105 OAKLEIGH DR  
City-State-Zip: MAITLAND FL 32751

*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:** BLAKE ALDERS

**PRESIDENT**

**04/06/2016**

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

\_\_\_\_\_  
Date