


FILED
Jun 02, 2008 8:00 am
Secretary of State

05-01-2008 90232 035 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000000643					
1. Entity Name G'S JAMAICAN RESTAURANT, INC.					
Principal Place of Business 2710 W OAKLAND PARK BLVD OAKLAND PARK, FL 33312			Mailing Address 2710 W OAKLAND PARK BLVD OAKLAND PARK, FL 33312		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-8157995	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRANT, IONA 4967 SW 7TH COURT MARGATE, FL 33068				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Iona Grant</i>				DATE <i>5.21.08</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRANT, IONA		NAME		
STREET ADDRESS	4967 SW 7TH CT		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRANT, OLIVER		NAME		
STREET ADDRESS	4967 SW 7TH CT		STREET ADDRESS		
CITY-ST-ZIP	MARGATE, FL 33068		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 <i>Iona Grant</i>				DATE <i>4.29.08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	

66012820



04252008 Chg-P CR2E034 (12/06)

FEI Number **20-8157995** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

SIGNATURE *Iona Grant* DATE *4.29.08* 9574 485 2021