2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H68529

G. & R. RESTAURANTS II. INC.



FILED Apr 18, 2006 08:00 AM Secretary of State

Principal Place of Business

26801 S. DIXIE HWY. NARANIA, FL 33032 US Mailing Address

12382 SW 99TH ST MIAMI, FL 33186-2545 US



04132006 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2564674

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ESPINOSA, RAMONA 12382 SW 99ST MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plons of registered agent.	ourpose of changing its regist	tered office of r	egistered agent, or br	oth, in the State of Florida. I am familiar with, and acce	
SIGNATURE Stposture, typed or printed name of registered agent and title if approable (NOTE: Registered Agen				lature required when reinstating) DATE		
FIL After Ma	E NOWIII FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Cantribution. Solution Added to Feee				
16. OFFICERS AND DIRECTORS					<u> </u>	
name Street address City-SI-ZP	PD ESPINOSA, GUIDO 12382 SW 99 ST MIAMI, FL 33186			U00000518377 05/02/06-80009-005 158.75		
title Name Street address City-St-Zip	D ESPINOSA, RAMONA 12382 SW 99 ST MIAMI, FL 33186					
Tifle Name Street address City-St-Zp	VP ESPINOSA III, GUIDO VICE-PR 1119 S W 159 TERR. PEMBROKE PINES, FL 33027	_		DO NOT WRITE		
MAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
DILE NAME STREET ADDRESS CITY-ST-ZP						
TITLE NAME STREET ADDRESS						

12. I hereby certity that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I turther certify that the information indicated on this report or supplemental seport is true and accurate and that my signature shall have the same legal effect as it made under cells; that I am an officer or direction 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

Guido EspinosA