

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H68529**

1. Entity Name

G. & R. RESTAURANTS II, INC.



Principal Place of Business

26801 S. DIXIE HWY.  
NARANJA, FL 33032 US

Mailing Address

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



03272007 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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ESPINOSA, RAMONA  
12382 SW 99ST  
MIAMI, FL 33186

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ESPINOSA, GUIDO
STREET ADDRESS	12382 SW 99 ST
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D
NAME	ESPINOSA, RAMONA
STREET ADDRESS	12382 SW 99 ST
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	ESPINOSA III, GUIDO VICE-PR
STREET ADDRESS	1119 S W 159 TERR.
CITY-ST-ZIP	PEMBROKE PINES, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/07-80001-018 159.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Guido Espinosa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/07

305-258-1300