

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90293 010 ***150.00

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1. Entity Name
GM RESTAURANTS, INC.



Principal Place of Business
716 E. LAS OLAS BLVD.
FT. LAUDERDALE, FL 33301

Mailing Address
1761 W HILLSBORO BLVD
SUITE 405
DEERFIELD BEACH, FL 33442



02272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0003049

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LENOFF, STEVEN
1761 W. HILLSBORO BLVD
SUITE 405
DEERFIELD BEACH, FL 33442

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	KAMIOKA, MITSUKO
STREET ADDRESS	716 E. LAS OLAS BLVD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	P
NAME	KAMIOKA, GOTARO
STREET ADDRESS	716 E. LAS OLAS BLVD.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	VP
NAME	IKEMATSU MASARU
STREET ADDRESS	716 E. LAS OLAS BLVD
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	VP
NAME	KAMIOKA TAKESHI
STREET ADDRESS	716 E LAS OLAS BLVD
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 GOTARO KAMIOKA X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #