


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L96273		
1. Entity Name GOURMET GRILL, INC.		
Principal Place of Business 3101 PGA BLVD PALM BEACH GARDENS, FL 33410 US	Mailing Address PO BOX 226 1418 NEW ROAD NORTHFIELD, NJ 08225 US	



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0212055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent VENIANAKIS, KONSTANTINOS 359 KELSEY PARK CIRCLE PALM BEACH, FL 33410

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1100000165583
07/12/04-80020-005 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIGANOS, GEORGE 1403 ATLANTIC AVE LONGPORT, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VENIANAKIS, KONSTANTINOS 359 KELSEY PARK CIR PALM BEACH GARDENS, FL
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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)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04 609-646-2282
Date Daytime Phone #