Feb 04 05 03:23p KDegnan

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Secretary of State
02-07-2005 90048 009 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000023797

1. Entity Name
FROM THE GRILLE DELRAY, INC.

Principal Place of Business	Mailing Address
13800 JOG ROAD SUITE 111 DELRAY BEACH, FL 33484 US	13800 JOG ROAD SUITE 111 DELRAY BEACH, FL 33484 US

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc. / Suite, Apt. #, etc.
City & State / City & State
Zip / Country / Zip / Country

02042005 Chg-P CR2E034 (10/03)

4. FEI Number
56-2335385
Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SHAPIRO, LEONARD
13800 JOG ROAD
SUITE 111
DELRAY BEACH, FL 33484

7. Name and Address of New Registered Agent
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 ____

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KATZ, LENNARD 3130 N.W. 57TH STREET BOCA RATION, FL 33496	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, T, S, D SHAPIRO, LEONARD 13800 JOG RD, # 111 DELRAY BEACH, FL 33484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KATZ, JOAN 3130 N.W. 57TH STREET BOCA RATION, FL 33496	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Leonard Shapiro PRES. 561-381-3244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #