


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000074525 1. Entity Name G.R.M. RESTAURANT CONSULTANTS, INC.	
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Principal Place of Business 1200 HOLIDAY DR. FORT LAUDERDALE, FL 33316	Mailing Address 15414 FIORENZA CIRCLE DELRAY BEACH, FL 33446
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**DO NOT WRITE IN THIS SPACE**



02202005 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0518763	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MICHAEL L FEINSTEIN PA 888 EAST LAS OLAS BLVD SUITE 710 FORT LAUDERDALE, FL 33301
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**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYO, GEORGE 1200 HOLIDAY DRIVE UNIT 5 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAYO, ROBERT 6278 NW 23RD STREET BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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100000243472  
02/25/05-80042-011 158.75

**DO NOT WRITE  
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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: George A. Mayo, Pres 02/20/05 954 9689246  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**GEORGE MAYO, PRES**