


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90029 025 \*\*\*150.00

<b>DOCUMENT # P03000074525</b> 1. Entity Name <b>G.R.M. RESTAURANT CONSULTANTS, INC.</b>																																																																																									
Principal Place of Business <b>1200 HOLIDAY DR. FORT LAUDERDALE FL 33316</b>			Mailing Address <b>15414 FIORENZA CIRCLE DELRAY BEACH FL 33446</b>																																																																																						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																						
City & State Zip Country			City & State Zip Country																																																																																						
4. FEI Number <b>45-0518763</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>6. Name and Address of Current Registered Agent</b>   <b>MICHAEL L FEINSTEIN PA 888 EAST LAS OLAS BLVD SUITE 710 FORT LAUDERDALE FL 33301</b> </div> <div style="width: 48%;"> <b>7. Name and Address of New Registered Agent</b>          Name          Street Address (P.O. Box Number is Not Acceptable)          City <b>FL</b> Zip Code       </div> </div>																																																																																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>																																																																																									
<div style="display: flex;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 80%;">NAME MAYO, GEORGE</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">1200 HOLIDAY DRIVE UNIT 5</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">FORT LAUDERDALE FL 33316</td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>NAME MAYO, ROBERT</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">6278 NW 23RD STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">BOCA RATON FL 33434</td> </tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;"> </td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 80%;">NAME <b>MAYO, GEORGE</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"><b>3200 N. OCEAN BLVD APT 1805</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"><b>FT. LAUDERDALE, FL 33308</b></td> </tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> <tr><td colspan="4"> </td></tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME MAYO, GEORGE	STREET ADDRESS	1200 HOLIDAY DRIVE UNIT 5			CITY-ST-ZIP	FORT LAUDERDALE FL 33316			TITLE	T	<input type="checkbox"/> Delete	NAME MAYO, ROBERT	STREET ADDRESS	6278 NW 23RD STREET			CITY-ST-ZIP	BOCA RATON FL 33434																											TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>MAYO, GEORGE</b>	STREET ADDRESS	<b>3200 N. OCEAN BLVD APT 1805</b>			CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33308</b>																										
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** George A. Mayo Pres. 2/24/06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #