


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90042 026 ***150.00

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1. Entity Name
G.R.M. RESTAURANT CONSULTANTS, INC.



Principal Place of Business: **1200 HOLIDAY DR. FORT LAUDERDALE FL 33316**

Mailing Address: **15414 FIORENZA CIRCLE DELRAY BEACH FL 33446**



2. Principal Place of Business - No P.O. Box #
1819 SE 17th St

3. Mailing Address
 Suite, Apt. #, etc.
501

1st MOORE CR2E034 (10/07)

City & State: **FT. Lauderdale FL**

City & State: **1**

Zip: **33316** Country: **USA**

Zip: Country:

4. FEI Number: **45-0518763**

Applied For: Not Applicable

5. Certificate of Status Desired **\$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

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: _____ DATE: _____

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	MAYO, GEORGE
STREET ADDRESS	3200 N OCEAN BLVD APT 1805
CITY-ST-ZIP	FORT LAUDERDALE FL 33309
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George A Mayo* **3/01/08** *owner/Robert*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR