

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 23, 2006 8:00 am**  
**Secretary of State**

06-23-2006 90008 003 \*\*\*150.00

<b>DOCUMENT # P05000124045</b> 1. Entity Name <b>MR. C'S GRILL, INC.</b>			
Principal Place of Business <b>4100 NW 27 AVENUE MIAMI, FL 33142</b>		Mailing Address <b>3520 NW 172 TERRACE MIAMI, FL 33056</b>	
2. Principal Place of Business <b>3520 NW 172 Terrace</b>		3. Mailing Address 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Miami, FL</b>		City & State 	
Zip <b>33056</b>		Country <b>USA</b>	
4. FEI Number <b>76-0764483</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		06192006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>CUNNINGHAM, LEOMA A 3520 NW 172ND TERRACE MIAMI, FL 33056</b>		7. Name and Address of New Registered Agent Name <b>Michael J. Cunningham</b> Street Address (P.O. Box Number is Not Acceptable) <b>3520 NW 172 Terrace</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33056</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>CUNNINGHAM, LEOMA A</b> <b>3520 NW 172ND TERRACE</b> <b>MIAMI, FL 33056</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Cunningham, Leoma A</b> <b>3520 NW 172 Terrace</b> <b>Miami, FL 33056</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>CUNNINGHAM, MICHAEL J</b> <b>3520 NW 172ND TERRACE</b> <b>MIAMI, FL 33056</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>Willie</del> <b>Jones, Willie J</b> <b>3520 NW 172 Terrace</b> <b>Miami, FL 33056</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>LESLIE, AVERY</b> <b>1021 NW 196TH STREET</b> <b>MIAMI, FL 33169</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Harris, Pamela P</b> <b>3520 NW 172 Terrace</b> <b>Miami, FL 33056</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>CASIS, GEORGE</b> <b>1531 NE 118TH STREET</b> <b>NORTH MIAMI, FL 33161</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Peacock, Zachery</b> <b>3520 NW 172 Terrace</b> <b>Miami, FL 33056</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD <b>MCCRAY, CURTIS</b> <b>11307 SW 167TH STREET</b> <b>MIAMI, FL 33157</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Johnson, Darryl G.</b> <b>3520 NW 172 Terrace</b> <b>Miami, FL 33056</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD <b>BROWN, SAUL</b> <b>1801 NW 88TH STREET</b> <b>MIAMI, FL 33147</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.			
<b>SIGNATURE: Michael J. Cunningham</b> <b>6/20/06</b> <b>786-290-4519</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

ATTACHMENT

Michael J. Cunningham  
Mr. C's Grill, Inc.

40096798

3520 NW 172<sup>nd</sup> Terrace  
Miami, Florida 33056  
(786) 290-4519

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June 19, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Annual Report

Dear Sir or Madam:

Due to not receiving notification, it has been brought to my attention that our corporation did not file its annual report for the year 2006. Our company name is Mr. C's Grill, Inc.; Document # P05000124045 and EIN # 76-0764483. Enclosed with this letter, please find the necessary documentation and fees to file the annual report. Again, due to not receiving documentation, we ask that you waive the late fees.

We appreciate your full understanding in this matter.

Sincerely,



Michael J. Cunningham  
President