


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90029 035 \*\*\*150.00

<b>DOCUMENT # P06000022852</b> 1. Entity Name <b>TWO GUYS RESTAURANT, INC.</b>																																																																																																																																									
Principal Place of Business <b>1205 NW 3RD AVENUE MIAMI, FL 33136</b>			Mailing Address <b>1205 NW 3RD AVENUE MIAMI, FL 33136</b>																																																																																																																																						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																							
City & State		City & State																																																																																																																																							
Zip	Country	Zip	Country																																																																																																																																						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																																					
<b>MEADOWS, HAROLD C 1205 NW 3RD AVENUE MIAMI, FL 33136</b>				Name <b>SHIRLEY L. MEADOWS</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1205 NW 3RD AVE</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33136</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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>4/14/08</i>																																																																																																																																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</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> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PD MEADOWS, HAROLD C</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MEADOWS, HAROLD C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>175 NE 132ND TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>N MIAMI, FL 33161</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">STD MEADOWS, SHIRLEY L</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MEADOWS, SHIRLEY L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>175 NE 132ND TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>N MIAMI, FL 33161</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PD MEADOWS, HAROLD C	<input checked="" type="checkbox"/> Delete	NAME	MEADOWS, HAROLD C		STREET ADDRESS	175 NE 132ND TERRACE		CITY-ST-ZIP	N MIAMI, FL 33161		TITLE	STD MEADOWS, SHIRLEY L	<input type="checkbox"/> Delete	NAME	MEADOWS, SHIRLEY L		STREET ADDRESS	175 NE 132ND TERRACE		CITY-ST-ZIP	N MIAMI, FL 33161		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			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">P STD SHIRLEY L. MEADOWS</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SHIRLEY L. MEADOWS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>175 NE 132ND TERR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33161</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P STD SHIRLEY L. MEADOWS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SHIRLEY L. MEADOWS		STREET ADDRESS	175 NE 132ND TERR		CITY-ST-ZIP	MIAMI, FL 33161		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		
TITLE	PD MEADOWS, HAROLD C	<input checked="" type="checkbox"/> Delete																																																																																																																																							
NAME	MEADOWS, HAROLD C																																																																																																																																								
STREET ADDRESS	175 NE 132ND TERRACE																																																																																																																																								
CITY-ST-ZIP	N MIAMI, FL 33161																																																																																																																																								
TITLE	STD MEADOWS, SHIRLEY L	<input type="checkbox"/> Delete																																																																																																																																							
NAME	MEADOWS, SHIRLEY L																																																																																																																																								
STREET ADDRESS	175 NE 132ND TERRACE																																																																																																																																								
CITY-ST-ZIP	N MIAMI, FL 33161																																																																																																																																								
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																																																																																																																																									
TITLE		<input type="checkbox"/> Delete																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE	P STD SHIRLEY L. MEADOWS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME	SHIRLEY L. MEADOWS																																																																																																																																								
STREET ADDRESS	175 NE 132ND TERR																																																																																																																																								
CITY-ST-ZIP	MIAMI, FL 33161																																																																																																																																								
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 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.																																																																																																																																									
SIGNATURE: <i>[Signature]</i> SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: <i>4/14/08</i>																																																																																																																																									