


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90408 008 \*\*\*150.00

<b>DOCUMENT # P06000029231</b> 1. Entity Name <b>GILLES SEAFOOD GRILL, INC.</b>					
Principal Place of Business <b>458 SW HOMELAND RD PORT ST. LUCIE FL 34953</b>				Mailing Address <b>458 SW HOMELAND RD PORT ST. LUCIE FL 34953</b>	
2. Principal Place of Business - No P.O. Box # <b>458 SW Homeland Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>458 SW Homeland Rd</b> Suite, Apt. #, etc.			
City & State <b>Port St Lucie, FL</b>		City & State <b>PSL, FL</b>			
Zip <b>34953</b>	Country <b>USA</b>	Zip <b>34953</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent  <b>INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER FL 33761</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature not used when resigning)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	PT GILLES, ISMITH A 458 SW HOMELAND RD PORT ST. LUCIE FL 34953 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VPS GILLES, MIRLENE 458 SW HOMELAND RD PORT ST. LUCIE FL 34953 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:** *Ismith A. Gilles* **Ismith A. Gilles** **4/12/07** **772-359-4900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #