


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90002 002 ***150.00

DOCUMENT # P06000029231	
1. Entity Name GILLES SEAFOOD GRILL, INC.	

Principal Place of Business 458 SW HOMELAND RD PORT ST. LUCIE FL 34953	Mailing Address 458 SW HOMELAND RD PORT ST. LUCIE FL 34953
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2. Principal Place of Business - No P.O. Box # 458 SW Homeland Rd Suite, Apt. #, etc. 458 SW Homeland Rd	3. Mailing Address 458 SW Homeland Rd Suite, Apt. #, etc. 458 SW Homeland Rd
City & State Port St Lucie, FL	City & State Port St Lucie, FL
Zip 34953	Country USA

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER FL 33761	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 stamped name of registered agent and date if applicable. (NOTE: Registered Agent signature required when constituting)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR