


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90010 022 ***150.00

DOCUMENT # P06000039472		
1. Entity Name GRAPE LEAVES RESTAURANT, INC.		

Principal Place of Business 1385 BELCHER ROAD SOUTH LARGO, FL 33771 US	Mailing Address 1385 BELCHER ROAD SOUTH LARGO, FL 33771 US
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2. Principal Place of Business - No P.O. Box # 2915 16 th ST. N.	3. Mailing Address 2915 16 th ST. N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL
Zip 33716	Zip 33716
Country	Country

40022705

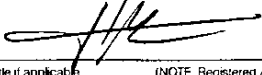


02062007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4517391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent DAFONTE, RICHARD J 13191 STARKEY ROAD UNIT 11 LARGO, FL 33773	
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7. Name and Address of New Registered Agent Name ALKHOURI, HABIB Street Address (P.O. Box Number is Not Acceptable) 2915 16 th ST. N. City ST. PETERSBURG FL Zip Code 33716	
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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 <input checked="" type="checkbox"/> 	HABIB ALKHOURI 02/05/07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	P AL KHOURI, HABIB 3654 CHATHAM DRIVE PALM HARBOR, FL 34684 <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
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
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 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: 	PRES. 02/05/07 727-7725991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HABIB ALKHOURI	
Date	Dwaine Phone