

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000009310

Entity Name: GN HOTELS & RESTAURANTS INC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

PINEAPPLE GRILLE  
800 PALM TRAIL  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

## Current Mailing Address:

PINEAPPLE GRILLE  
800 PALM TRAIL  
DELRAY BEACH, FL 33483

## New Mailing Address:

FEI Number: 20-8357036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SINGH, GURPAL P.  
800 PALM TRAIL  
DELRAY BEACH, FL 33483 US

## Name and Address of New Registered Agent:

PAUL, OVIDE P.  
800 PALM TRAIL  
DELRAY BEACH, FL 33483 US

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.

SIGNATURE: OVIDE PAUL

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SINGH, GURPAL  
Address: 800 PALM TRAIL  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: VP ( ) Delete  
Name: PAUL, OVIDE  
Address: 800 PALM TRAIL  
City-St-Zip: DELRAY BEACH, FL 33483

Title: O (X) Delete  
Name: RESENE, RENE  
Address: 800 PALM TRAIL  
City-St-Zip: DELRAY BEACH, FL 33483

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: OVIDE, PAUL  
Address: 800 PALM TRAIL  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: VP (X) Change ( ) Addition  
Name: RENE, RESENE  
Address: 800 PALM TRAIL  
City-St-Zip: DELRAY BEACH, FL 33483

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OVIDE PAUL

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date