



2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/24

FILED
Jun 20, 2008 8:00 am
Secretary of State

04-21-2008 90076 006 ***150.00

DOCUMENT # P07000040306					
1. Entity Name AMERICAN GRILL OF GOLDEN GATE III, INC.					
Principal Place of Business 15321 LATITUDE DR. VILLAGE WALK CAFE BONITA SPRINGS, FL 34135 US			Mailing Address 3297 ANTICA ST. FORT MYERS, FL 33905		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 00014004 00262008 Chg-P CR2E004 (12/05)	
Subs. Apt. #, etc.		Subs. Apt. #, etc.			
City & State		City & State			
Zip		Zip			
4. FEI Number 20-8945119				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			7. Name and Address of New Registered Agent		
REXHEPI, REXHEP 3297 ANTICA ST. FORT MYERS, FL, FL 33905			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NUMBER FEE IS \$150.00 After May 1, 2008 Fee will be \$250.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DUP REXHEPI, REXHEP <input type="checkbox"/> Debit	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REXHEPI, REXHEP	NAME			
STREET ADDRESS	3297 ANTICA ST.	STREET ADDRESS			
CITY-STATE-ZIP	FORT MYERS, FL 33905	CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Debit	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Debit	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Debit	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Debit	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-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 trustee 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 employees.					
SIGNATURE: <i>Rexhepi Rexhepi</i> REXHEP REXHEPI 05/18/07 (239) 297-7450					

(239) 297-7450