2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000034253

1. Entity Name

C & G GRILL INC.

Principal Place of Business

Mailing Address

500 SOUTH 3RD STREET

JACKSONVILLE BEACH, FL 32250 US

500 SOUTH 3RD STREET JACKSONVILLE BEACH, FL 32250

o us

FILED Mar 19, 2008 08:00 A Secretary of State



DO	NOT	WRITE	IN THIS	SPACE
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03112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3250578

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DARABI, FARZIN 500 SOUTH 3RD STREET JACKSONVILLE BEACH, FL 32250

DO NOT WRITE IN THIS SPACE

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 Strinature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARABI, FARZIN 63 BEACH AVENUE ATLANTIC BEACH, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PARTOW, RAMIN 335 ELEVENTH ST ATLANTIC BEACH, FL				000000863522 04/03/08-80094-024 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
NAME STREET ADDRESS CHY-SI-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP								

12. Thereby 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08

904-249-6094

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