FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90036 010 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L55530

1. Entity Name
BIG EASY CAJUN AT JACKSONVILLE, INC.

400026017

Principal Place of Business	Mailing Address
9446 PHILLIPS HWY. SUITE 8 JACKSONVILLE, FL 32256 US	9446 PHILLIPS HWY. SUITE 8 JACKSONVILLE, FL 32256 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10175 Fortune Pkwy, Ste 705 Jacksonville FL 32256-6753	10175 Fortune Pkwy, Ste 705 Jacksonville FL 32256-6753
Zip / Country	Zip / Country

03192007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2997766 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
YEN, KUNG-PO 9446 PHILIPS HWY # 8 JACKSONVILLE, FL 32256	Name Str ...ptable) 10175 Fortune Pkwy, Ste 705 Jacksonville FL 32256-6753 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 ______________________________
Signature, 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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTU YEN, KUNG-TI 9446 PHILIPS HWY # 8 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10175 Fortune Pkwy, Ste 705 Jacksonville FL 32256-6753 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS YEN, KUNG-PO 9446 PHILIPS HWY # 8 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10175 Fortune Pkwy, Ste 705 Jacksonville FL 32256-6753 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] KUNG-PO YEN PRESIDENT 040407 904 260 5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #