2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F0600000120

1. Entity Name

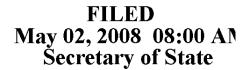
BUFFET CRAMPON USA, INC.



Principal Place of Business Mai

14125 BEACH BLVD. JACKSONVILLE, FL 32250 Mailing Address

14125 BEACH BLVD. JACKSONVILLE, FL 32250





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DO	N	OT.	WRI	TE IN	THIS.	SPACE	

04182008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

74-3144773

\$8.75 Additional Fee Required

Not Applicable

			t contract of the contract of		
	Name and Address of Current Regis	tered Agent	I make the second	, Pro	
	N, DON ACH BLVD. VILLE, FL 32250		1	NOT WRITE THIS SPACE	
					÷
	named entity submits this statement for the pions of registered agent	purpose of changing its registe	red office or registered agent, or	both, in the State of Florida. I ar	n familiar with, and accept
SIGNATURE_			<u> </u>		
	Signature, typed or printed name of registered agent and title	d applicable, (NOTE Register	ed Agent signature required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		U00000945 05/30/08-800	7773 021-023 150.00
10.	OFFICERS AND DIREC	CTORS		· 4 · 1/4 #4 ·	***
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD BARONNAT, PAUL 5 RUE MAURICE BERLAUX MONTES FRANCE, VSD SILVA, BRUCE	5			
STREET ADDRESS CITY-ST-ZIP	3504 WATERCHASE WAY WEST JACKSONVILLE, FL 32224				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPAC	E
TIILE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS					
CITY-ST-7IP			2. 3. 40. 1		

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 and address, with all other like empowered.

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.08

Daytime Phone #