2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 04, 2008 08:00 AN Secretary of State DOCUMENT # P00000061358 1. Entity Name CPF MANAGEMENT, INC. Principal Place of Business Mailing Address C/O CHINA GRILL C/O CHINA GRILL **404 WASHINGTON AVE 404 WASHINGTON AVE** MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03262008 Chg-P City & State City & State 4. FEI Number Applied For 65-1025072 Not Applicable $Z_{\rm IP}$ Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name China Grill Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 16400 NW 2nd Avenue Suite # 200 MIAMI, FL 33169 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. Jack Polsenberg CFO / TMP 03/26/08 SIGNATURE DATE grstered agent and I lie if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition Delete THLE TITLE CHODOROW, JEFFREY NAME NAME UNANDO880876 19925 N.W. 39TH PLAE STREET ADDRESS STREET ADDRESS 04/15/08-80078-016 150.00 AVENTURA, FL 33180 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME CHODOROW, LINDA NAME STREET ADDRESS 19925 NE 39 PLACE PH 701 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA, FL 33180 Change ☐ Addition TITLE Delete TITLE POLSENBOEG, JACK NAME STREET ADDRESS 4 GARTLEY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEWTOWN SQUARE, PA 19073 ■ Addition ☐ Change THLE Delete TITLE FAGGEN, NEIL NAME 1248 GULPH CREEK DRIVE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP **RADNOR, PA 19087** CITY-ST-ZIP ☐ Oclete ☐ Change ☐ Addition THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I horoby 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 frue and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation of 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

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ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

SIGNATURE:

3,26,08