2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Apr. 28, 2004 .08:00 AM **Secretary of State** DOCUMENT # P02000022923 1. Entity Name HSIAO BROTHERS, INC. Principal Place of Business Mailing Address **CAJUN CAFE & GRILL CAJUN CAFE & GRILL** 244 TOWNE CENTER CIR SANFORD, FL 32771 244 TOWNE CENTER CIR SANFORD, FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 04-3616444 Not Applicable \$8.75 Additional Zip Country Ζo Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FONG, DAVID Street Address (P.O. Box Number is Not Acceptable) 1221 E ROBINSON ST ORLANDO, FL 32801 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PΠ ☐ Addition TITLE ☐ Delete TITLE U00000136033 HSIAO, CHIN-JUI W NAME NAME 04/28/04-80080-005 150.00 STREET ADDRESS STREET ADDRESS 2163 EOLA COURT CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZIP Change ٧n ☐ Addition MLE ☐ Defete TITLE HSIAO-TSENG, MEI-JUNG NAME NAME STREET ADDRESS 2163 EOLA COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO, FL 32765 GM ☐ Delete TITLE Change Change ☐ Addition TITLE HSIAO, CHENG YING NAME NAME STREET ADDRESS 1605 OVIEDO MARET PLACE BLVD STREET ADDRESS OVIEDO, FL 32765 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TIFEE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE: _

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED APPRINTED TAME OF SIGNING OFFICE PORT DIRECTOR

☐ Delete

4/30/04

(407)32/-4/11/

Change

☐ Addition

FILED