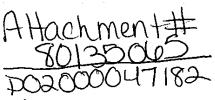
2003 FOR PROFIT CORPORATION INIFORM BUSINESS REPORT (UBR)

SIGNATURE:

	003 FOR PROF			FILED Jul 31, 2003 8:0	
DOCU 1. Entity Nam	MENT # P0200	0047182		Secretary of S	
NADEAU	RESTAURANT CORPORAT	ION Q			
Principal Place of Business 8293 BLUE CYPRESS DRIVE LAKE WORTH FL 33467 Mailing Address 8293 BLUE CYPRESS DRIVE LAKE WORTH FL 33467		VE			
		3. Mailing Address			## ##### #############################
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number (04-3683840	Applied For Not Applicable
Zip 	Country	Zip	Country		5 Additional equired
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
NADEAU,	MICHAEL	50 €	<u> </u>	ss (P.O. Box Number is Not Acceptable)	
8293 BLUE CYPRESS DRIVE					
LAKE WO	RTH FL 33467				
· · · · · · · · · · · · · · · · · · ·			City	FL	p Code
	named entity submits this statement for ions of registered agent.	r the purpose of changing its i	registered office or regis	stered agent, or both, in the State of Florida. I am familian	with, and accept
SIGNATURE .					
	Signature, typed or printed name of registered agent	7 10 11 cA 1-	: Registered Agent signature requ		
After September 10, 2003 Fee will be \$750.00 P. After September 10, 2003 Fee Will be \$750.00 P. After September 10, 2003 Fee W					\$5.00 May Be Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
NAME STREET ADDRESS CITY-ST-ZIP	P NADEAU, MICHAEL 8293 BLUE CYPRESS DRIVE LAKE WORTH FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ C1	hange 🗌 Addition
TITLE	V	☐ Delete	TITLE	□ ci	hange
NAME STREET ADDRESS	NADEAU, KRISTINE VP 8293 BLUE CYPRESS DRIVE		NAME STREET ADDRESS		
CITY-ST-ZIP TITLE	LAKE WORTH FL 33467	☐ Delete	CITY-ST-ZIP	□ cł	nange
NAME		<u> </u>	NAME		
STREET ADDRESS CITY-ST-ZIP	مادة المعلى الماليد وليتا	ي يا در	STREET ADDRESS.	الأراب المتعارض والمتعارض	
TITLE		☐ Delete	TITLE	□ Ch	nange
NAME			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		nange
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	cr	nange Addition
NAME STREET ADDRESS			NAME Street address		
CITY-ST-ZIP	·		CITY-ST-ZIP		
12. I hereby of indicated of the corchanged,	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	this filing does not qualify for true and accurate and that m wered to execute this report a with all other like empowered.	the exemption stated in by signature shall have the se required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that he same legal effect as if made under oath; that I am an oa07, Florida Statutes; and that my name appears in Block	t the information officer or director : 10 or Block 11 if



Division of Corporations Uniform Business Report Filing P.O.Box 1500 Tallahassee, FL 32302-1500

Letter stating that We have never received the first notice of this 2003 report. No record of receiving. "We Did not Received" Document# P02000047182

per your recording enclosed check for \$150, Certificate Status of \$8.75

Thank You

Michael Nadeau Nadeau Restaurant Corporation 8293 Blue Cypress Drive Lake Worth, FL 33467 561-967-7161 cell 561-386-0051