2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 9

SIGNATURE AND

Sep 10, 2004 8:00 am Secretary of State **DOCUMENT # P03000020264** 09-10-2004 90005 029 ***558.75 1. Entity Name CJ'S SPORTS BAR AND GRILLE, INC. Principal Place of Business Mailing Address 34872472 72 SPANISH ST 72 SPANISH ST ST AUGUSTINE, FL 32084 ST AUGUSTINE, FL 32084 2. Principal Place of Business 5 5 5 6 5 3. Mailing Address SPANISH ST 08242004 Chg-P CR2E034 (10/03) 72 S DANISh 4. FEI Number Applied For 06-1679111 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32084 NZV 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR SPANISH ST MIAMI, FL 33145 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 Charles. A egistered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete TITLE ☐ Addition Knight, Churcles A KNIGHT, CHARLES A NAME NAME 72 SPANISH ST STREET ADDRESS 72 SPANISH ST STREET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL 32084 CITY-ST-ZIP 32084 ST AUGUSTINE FL ☐ Delete TITLE Change Addition KNIGHT, MARCELA C NAME STREET ADDRESS 72 SPANISH ST STREET ADDRESS CITY-ST-7/P ST AUGUSTINE, FL 32084 CITY-ST-2iP TITLE THE ☐ Change ☐ Addition WALKER, SARAH NAME NAME STREET ADDRESS 72 SPANISH ST STREET ADDRESS ST AUGUSTINE, FL 32084 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED