

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-03-2004 91069 038 ***150.00

66424740



04292004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0015010** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P03000049866

1. Entity Name
CAJUN CONNECTION OF SAWGRASS SPORTS, INC.



Principal Place of Business
**11471 W. SAMPLE ROAD, #41
CORAL SPRINGS, FL 33065**

Mailing Address
**11471 W. SAMPLE ROAD, #41
CORAL SPRINGS, FL 33065**

2. Principal Place of Business
**11764 W. Sample Rd
Suite, Apt. #, etc. #101
City & State Coral Springs FL
Zip 33065 Country BROWARD**

3. Mailing Address
**11764 W. Sample Rd
Suite, Apt. #, etc. #101
City & State Coral Springs FL
Zip 33065 Country BROWARD**

6. Name and Address of Current Registered Agent
**LAU, BONNIE Y
11471 W. SAMPLE ROAD, #41
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent
Name **Lau Bonnie Y**
Street Address (P.O. Box Number is Not Acceptable) **11764 W. Sample Rd #101**
City **Coral Springs** FL Zip Code **33065**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT- LAU, BONNIE Y 11471 W. SAMPLE ROAD, #41 CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 11764 W Sample Rd, #101 Coral Springs FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LIU, CLETUS 11471 W. SAMPLE ROAD, #41 CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 11764 W Sample Rd, #101 Coral Springs FL 33065
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *[Signature]* **4/30/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #