


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90011 050 ***150.00

DOCUMENT # P05000160800					
1. Entity Name CAJUN CAFE OF DAB, INC					
Principal Place of Business 1700 W. INT'L SPEEDWAY BLVD NO.140 DAYTONA BEACH, FL 32114 US			Mailing Address 1700 W. INT'L SPEEDWAY BLVD NO.140 DAYTONA BEACH, FL 32114 - US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZHENG, SHERRY Z 3307 W UNIVERSITY AVE GAINESVILLE, FL 32607				Name <u>Zheng, Sherry Z.</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>1700 W. Int'l Speedway Blvd. #140</u>	
				City <u>Daytona Beach</u>	FL <u>32114</u>
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 <u>X Sherry Z</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	Delete <input checked="" type="checkbox"/>		TITLE	P
NAME	ZHENG, SHERRY Z			NAME	Zheng, Sherry Z.
STREET ADDRESS	120 WINNER CIRCLE DRIVE, APT. #206			STREET ADDRESS	1700 W. Int'l Speedway Blvd #140
CITY-ST-ZIP	DAYTONA, FL 32114			CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE		Delete <input type="checkbox"/>		TITLE	VP
NAME				NAME	Lin, Jian Xin
STREET ADDRESS				STREET ADDRESS	1700 W. Int'l Speedway Blvd. #140
CITY-ST-ZIP				CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE		Delete <input type="checkbox"/>		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby 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 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: <u>X Sherry Z</u>				Date <u>02/05/08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	