

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90018 016 \*\*\*150.00

<b>DOCUMENT # P06000136208</b> 1. Entity Name <b>CHRISTIAN'S EURO BISTRO, INC.</b>			
Principal Place of Business <b>2 INDEPENDENCE DR SUITE 212 JACKSONVILLE, FL 32202</b>		Mailing Address <b>2 INDEPENDENCE DR SUITE 212 JACKSONVILLE, FL 32202</b>	
2. Principal Place of Business - No P.O. Box # <b>5811 ATLANTIC BLVD. #167</b>		3. Mailing Address <b>5811 ATLANTIC BLVD. #167</b>	
Suite, Apt. #, etc. <b>JACKSONVILLE FL.</b>		Suite, Apt. #, etc. <b>JACKSONVILLE FL.</b>	
City & State <b>JACKSONVILLE FL.</b>		City & State <b>JACKSONVILLE FL.</b>	
Zip <b>32207</b>		Zip <b>32207</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>MARTIN, CHRISTIAN 2 INDEPENDENCE DRIVE SUITE 212 JACKSONVILLE, FL 32202</b>		7. Name and Address of New Registered Agent Name <b>CHRISTIAN - MARTIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>5811 ATLANTIC BLVD</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32207</b>	
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 <b>CH. P.</b> DATE <b>05-10-08</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MARTIN, CHRISTIAN 2 INDEPENDENCE DR, SUITE 212 JACKSONVILLE, FL 32202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE: <b>CH. P.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>05-09-08</b> Daytime Phone # <b>904-476-1471</b>	