2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000033397

1. Entity Name

CAJÚN & GRILL AT TOWN CENTER AT BOCA RATON, INC.



Principal Place of Business Mailing

4104 AURORA ST CORAL GABLES, FL 33146

S US

Mailing Address

4104 AURORA ST

CORAL GABLES, FL 33146

US

FILED Apr 30, 2007 08:00 A Secretary of State



03292007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0415059

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

YEUNG, HOI-SANG 4104 AURORA ST CORAL-GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

					•
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					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
HITLE	D			**	
NAME	YEUNG, HOI-SANG				
STREET ADDRESS	4104 AURORA ST				
CITY-ST-ZIP	CORAL GABLES, FL 33146				
TITLE	SEC				U00000742602
NAME	YEUNG, HING YU				05/15/07-80075-007 150.00
STREET ADDRESS	4104 AURORA STREET				
CITY-ST-ZIP	CORAL GABLES, FL 33146				
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12. Thereby certify that the information supplied with this filling 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME

HING

Yu Yourc

4/10/07

305-476-16

Daytime Phone #