## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P94000014340

1. Entity Name

CAJUN AND GRILL OF DADELAND, INC.



Principal Place of Business

Mailing Address

4104 AURORA ST

CORAL GABLES, FL 33146 US

4104 AURORA ST CORAL GABLES, FL 33146

US

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



DO NOT WRITE IN THIS SPACE

03292007 No Chg-P C

CR2E034 (11/05)

4. FEI Number 65-0493354

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

|   |  |   |                       |                         | •   |    |
|---|--|---|-----------------------|-------------------------|---|----|
|   | named entity submits this statement for the pions of registered agent. | ourpose of changing its registere   | ed office or regi     | stered agent, or both   | i, in the State of Florida. I am familiar with, and accep | ot |
| SIGNATURE_  | Signature typed or printed name of registered agent and title          | if applicable (NOTE, Registered   | d Agent signature req | uired when reinstating) | DATE  |    |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00 |  | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees |                       |                         |   |    |
| 10.   | OFFICERS AND DIREC   | CTORS   |                       |                         |   | ┨  |
| NAME STREET ADDRESS CITY-ST-ZIP                                       | D<br>YEUNG, HOI S<br>4104 AURORA ST<br>CORAL GABLES, FL 33146          |   |                       |                         | U00000742542  |    |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP                                  | SEC<br>YEUNG, HING YU<br>4104 AURORA STREET<br>CORAL GABLES, FL 33146  |   |                       |                         | 05/15/07-80072-021 150                                    |    |
| MAME STREET ADDRESS CITY-ST-ZIP                                       |  |   |                       | DO                      | NOT WRITE   |    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |   |                       | in T                    | HIS SPACE   |    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |   |                       |                         | ,   |    |
| TITLE   |  | *   |                       |                         |   |    |

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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:

STREET ADDRESS City-St-7iP

SIGNATURE AND TYPED OR PRINTED NAMED F SIGNING OFFICER OR DIFFECTOR

410/0

305-476-16/1

Daytime Phone #