## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 03, 2008 08:00 AF Secretary of State

_	ANNUAL	Apr 03, 2008 08:0					
1. Entity Nam	MENT # P950000167 Y CAJUN - ANNAPOLIS, INC.		•		Secretai	y of St	
10175 FORT	ce of Business TUNE PKWY STE 705 LE, FL 32256	Mailing Address 10175 FORTUNE PKWY STE 705 JACKSONVILLE, FL 32256				1111   1811   1111   114   11	IN 1111111111111
E	O NOT WRITE	IN THIS SPAC	Œ	02212008	No Chg-P	CR2E034 (11/0	05)
				4. FEI Number 59-3297	980		Applied For Not Applicable
				5. Certificate of	Status Desired	□ \$8.75 Fee Req	Additional uired
	6. Name and Address of Current Re	pistered Agent					eljani. Kralje
10175 FOI	ON, SCOTT R RTUNE PKWY STE 705 IVILLE, FL 32256		2.00	0.888888888888	NOT WI HIS SP	90000 THE SECTION	
A The above	e named entity submits this statement for th	n numbers of changing its registers	d office or register	ad opent or both	in the Ptate of Class	eta Lamfamiliaru	ith and agent
the obligat	tions of registered agent,	e pulpose of changing its registere	a onice of register	ed agent, or both,	III IIIe State Di Fiori	ua. ramiammai v	чи, ана ассерг
SIGNATURE.	Signature, typed or printed name of registered agent and	itle if applicable, (NOTE: Registered	Agent signature required	when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Élection Campaign Finant Trust Fund Contribution	· • • •	00 May Be ed to Fees	U00000 04/14/08	0878820 -80071-017	' 150.00
10.	OFFICERS AND DIF	ECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	YEN, KUNG-PO 10175 FORTUNE PKWY STE 705 JACKSONVILLE, FL 32256						
TITLE NAME STREET ADDRESS	DTV YEN, KUNG TI 10175 FORTUNE PKWY STE 705						
CITY-ST-ZIP TITLE NAME STREET ADDRESS	JACKSONVILLE, FL 32256						
CITY-ST-ZIP TITLE NAME				inassia katamata.	NOT WI	ogwaechóstatá a arthrógháic	
STREET ADDRESS CITY-ST-ZIP TITLE							
NAME STREET ADDRESS 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.

					_
e i	ヘル	·ΙΛ	TI	IR	┏.

TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP

SIGNATURE AND TOPED OR PRINTED

KUNG-PO YEN
PRESIDENT
NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

9042605571