


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 25 PM 4:03

|   |  |   |
|---|--|---|
| DOCUMENT # P96000059716                                       |  |  |
| 1. Entity Name<br>CAJUN CAFE & GRILL OF UNIVERSITY MALL, INC. |  |   |

|   |  |
|---|--|
| Principal Place of Business<br>12317 UNIVERSITY MALL<br>TAMPA, FL 33612 | Mailing Address<br>18907 ST. LAURENT DRIVE<br>LUTZ, FL 33558 |
|---|--|

|   |  |
|---|--|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>12317 University Mall<br>Suite, Apt. #, etc. |
| City & State<br>Tampa Florida   | City & State<br>Tampa Florida                                      |
| Zip<br>33611  | Country<br>Hillsborough  |



06182008 Chg-P CR2E034 (12/06)

|   |  |  |
|---|--|--|
| 4. FEI Number<br>59-3389949   |  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                |  |  |
| 6. Name and Address of Current Registered Agent<br>HUYNH, KIM T<br>16711 AMBERHILL LN<br>LUTZ, FL 33558 |  | 7. Name and Address of New Registered Agent<br>Name<br>NGO H TRAN<br>Street Address (P.O. Box Number is Not Acceptable)<br>2709 Varsity PL<br>City<br>Tampa FL Zip Code<br>33611 |

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  DATE 6/19/8

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HUYNH, KIM T<br>16711 AMBERHILL LN<br>LUTZ, FL 33558 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>NGO H TRAN<br>2709 Varsity Place<br>Tampa, FL 33611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 700131812537<br>06/27/08--01030--006 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 all other like empowered.

SIGNATURE:  DATE 6/19/8  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

6/25/08