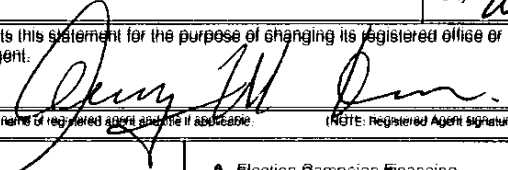
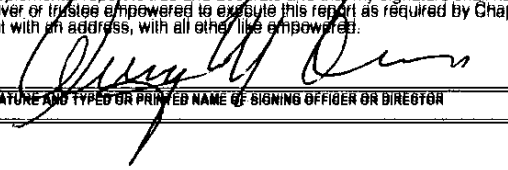


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90158 026 ***158.50

DOCUMENT # P96000077954			
1. Entity Name CYPRESS CREEK STATION RESTAURANT, INC.			
Principal Place of Business 6351 N ANDREWS AVE FT LAUDERDALE, FL 33309 US		Mailing Address 5963 WEST HILLSBORO BLVD, STE B PARKLAND, FL 33067	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8753 Wellington View Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State W. Palm Beach		City & State W. Palm Beach	
Zip 33411	Country FL	Zip 33411	Country FL
6. Name and Address of Current Registered Agent TROIA, AUDREY M 5963 WEST HILLSBORO BLVD, STE B PARKLAND, FL 33067		7. Name and Address of New Registered Agent TROIA, Audrey M 8753 Wellington View Dr. W. Palm Beach FL 33411	
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: 4/20/08 Signature, typed or printed name of registered agent acceptable if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEB-18 \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-STATE-ZIP	PD TROIA, ROSARIO 7682 WILES RD CORAL SPRINGS, FL 33076 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD ROSARIO TROIA 8753 Wellington View Dr. Wellington FL 33411 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD TROIA, AUDREY M 7682 WILES RD CORAL SPRINGS, FL 33076 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD TROIA, Audrey M 8753 Wellington View Dr. Wellington FL 33411 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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: 4/20/08 Daytime Phone #: 561 793-9001	