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	Mailing Address
6351 N ANDREWS AVE FT LAUDERDALE, FL 33309 US	5963 WEST HILLSBORO BLVD, STE B PARKLAND, FL 33067

04202008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	8753 Wellington View Dr. Suite, Apt. #, etc.
City & State	City & State: W. Palm Beach
Zip / Country	Zip: 33411 / Country: Palm Beach

4. FEI Number: 65-0696525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TROIA, AUDREY M 5963 WEST HILLSBORO BLVD, STE B PARKLAND, FL 33067	Name: TROIA, Audrey M Street Address (P.O. Box Number is Not Acceptable): 8753 Wellington View Dr. City: W. Palm Beach FL Zip Code: 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: _____ 4/20/08.
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, 2008 Fee will be $600.00

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-ST-ZIP	PD TROIA, ROSARIO 7682 WILES RD CORAL SPRINGS, FL 33076	☐ Delete	PD Rosario Troia 8753 Wellington View Dr. Wellington FL 33411	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TROIA, AUDREY M 7682 WILES RD CORAL SPRINGS, FL 33076	☐ Delete	SD TROIA, Audrey M 8753 Wellington View Dr. Wellington FL 33411	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 4/20/08 561 792-9401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #