## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # S84411

1. Entity Name

BIG ÉASY CAJUN AT CINCINNATI, INC.



FILED
May 03, 2004 08:00 AN
Secretary of State

Principal Place of Business

9446 PHILLIPS HWY.

9446 PHILLIP SUITE 8

JACKSONVILLE, FL 32256

94.

DO NOT WRITE IN THIS SPACE

9446 PHILLIPS HWY.

Mailing Address

SUITE 8

JACKSONVILLE, FL 32256

04292004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3096338

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEN, KUNG-PO 9446 PHILIPS HWY #8 STE 204 JACKSONVILLE, FL 32256 DO NOT WRITE IN THIS SPACE

	and the second s		
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
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere	d Agent signature required when reinstating)	DAIL
	E NOWIII FEE IS \$150.00  ay 1, 2004 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS		ngarigi alik o hitari salajiy jambiya asalaka, 67,619 biyarini i
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS YEN, KUNG-PO 9446 PHILIPS HWY #8 JACKSONVILLE, FL 32256		U00000152189 05/04/04-80076-016 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV YEN, KUNG-TI 9446 PHILIPS HWY #8 JACKSONVILLE, FL 32256		an once would ote 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN.	THIS SPACE
TITLE NAME			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ESIDENT

4/30/04 904-260-5571