2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OF BRINTED NAME

04-06-2007 90036 015 ***150.00 DOCUMENT # S84411 1. Entity Name BIG EASY CAJUN AT CINCINNATI, INC. 40052012 Principal Place of Business Mailing Address 9446 PHILLIPS HWY. 9446 PHILLIPS HWY. SUITE 8 SUITE 8 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 115 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 03192007 Cha-F CR2E034 (12/06) 10175 Fortune Pkwy, Ste 705 10175 Fortune Pkwy, Ste 705 Jacksonville FL 32256-6753 Jacksonville FL 32256-6753 Applied For 4. FEI Number 59-3096338 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kung-ro KEN, KUNG-PO Street Address (P.O. Box Number is Not Acceptable) 9446 PHILIPS HWY #8 **STE 204** 10175 Fortune Pkwy, Ste 705 JACKSONVILLE, FL 32256 Jacksonville FL 32256-6753 Cit Zip Code FL 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE **DPS** ☐ Delete TITLE ☐ Change ☐ Addition YEN, KUNG-PO 10175 Fortune Pkwy, Ste 705 NAME NAME STREET ADDRESS 9446 PHILIPS HWY #8 STREET ADDRESS Jacksonville FL 32256-6753 CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-ST-ZIP TITLE DTV Delete ☐ Change Addition TITLE 10175 Fortune Pkwy, Ste 705 YEN KUNG-TI NAME NAME 9446 PHILIPS HWY #8 Jacksonville FL 32256-6753 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32256 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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

KUNG-PO YEN

OF SIGNING OFFICER OR DIRECTOR SIDENT

FILED

Apr 06, 2007 8:00 am Secretary of State